

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726030

**Entity Name:** QUINCE GARDENS CONDOMINIUM INC**Current Principal Place of Business:**C/O HAWAIIAN GARDENS PHASE 7  
4705 N.W. 35TH STREET  
LAUDERDALE LAKES, FL 33319**Current Mailing Address:**C/O HAWAIIAN GARDENS PHASE 7  
4705 N.W. 35TH STREET  
LAUDERDALE LAKES, FL 33319**FEI Number:** 59-1508153**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAWAIIAN GARDENS PHASE 7 ASSOCIATION  
4705NW 35TH STREET  
LAUDERDALE LAKES, FL 33319 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** HAWAIIAN GARDENS PHASE ASSOCIATION**02/02/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            JOANNETTE, NORMAND  
Address        3500 NW 48TH AVENUE  
                  610  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            TREASURER, DIRECTOR  
Name            BABIN, GILLES  
Address        3500 NW 48TH AVENUE  
                  503  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            SECRETARY, DIRECTOR  
Name            MARCOUX, LINE  
Address        3500 NW 48TH AVENUE  
                  616  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            VP, DIRECTOR  
Name            DUPUIS,, MICHEL  
Address        3500 NW 48TH AVE  
                  516  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            2ND VP, DIRECTOR  
Name            GILBERT, PIERRE  
Address        3500 NW 48TH AVE.  
                  511  
City-State-Zip: LAUDERDALE LAKES FL 33319

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NORMAND JOANNETTE**PRESIDENT****02/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date