

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000588

**FILED  
Mar 09, 2015  
Secretary of State  
CC3402425935**

**Entity Name:** QUAIL ROOST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10440 SW 184 TERRACE  
MIAMI, FL 33157

**Current Mailing Address:**

P.O. BOX 561001  
MIAMI, FL 33256

**FEI Number: 54-2179565**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COLE, KIMBERLY  
10440 S.W. 184 TERRACE  
MIAMI, FL 33157 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PST  
Name COLE, KIMBERLY  
Address 10440 S.W. 184 TERRACE  
City-State-Zip: MIAMI FL 33157

Title D  
Name DAVIS, HARRY  
Address 10440 S.W. 184 TERRACE  
City-State-Zip: MIAMI FL 33157

Title D  
Name ESPINOZA, ANDRES  
Address 10454 S.W. 184 TERRACE  
City-State-Zip: MIAMI FL 33157

Title D  
Name DECKER, RICK  
Address 10456 SW 184TH TERR.  
City-State-Zip: MIAMI FL 33157

*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: KIMBERLY COLE**

**PRESIDENT**

**03/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date