

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005927

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** QUARTZ COVE AT THE QUARRY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5801 PELICAN BAY BLVD, SUITE 600  
NAPLES, FL 34108

**New Principal Place of Business:**

27499 RIVERVIEW CENTER BOULEVARD  
SUITE 238  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

5801 PELICAN BAY BLVD, SUITE 600  
NAPLES, FL 34108

**New Mailing Address:**

27499 RIVERVIEW CENTER BOULEVARD  
SUITE 238  
BONITA SPRINGS, FL 34134

FEI Number: 20-5011520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOEHT, TIM  
OMNI MANAGEMENT SVCS  
27499 RIVERVIEW CENTER BLVD #134  
BONITA SPRINGS, FL 34134 US

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

AVALLONE, FRANCO  
OMNI MANAGEMENT SVCS  
27499 RIVERVIEW CENTER BLVD #238  
BONITA SPRINGS, FL 34134 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: FRANCO AVALLONE

04/15/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LISTON, DAVID L  
Address: 5801 PELICAN BAY BLVD, SUITE 600  
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete  
Name: BEITER, DAN  
Address: 5801 PELICAN BAY BLVD, SUITE 600  
City-St-Zip: NAPLES, FL 34108

Title: STD ( ) Delete  
Name: ERON, CHAD  
Address: 5801 PELICAN BAY BLVD, SUITE 600  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BERGER, DAYNA  
Address: 5801 PELICAN BAY BLVD, SUITE 600  
City-St-Zip: NAPLES, FL 34108

Title: VD (X) Change ( ) Addition  
Name: SIMONSON, MARIE-LOUISE  
Address: 5801 PELICAN BAY BLVD, SUITE 600  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHAD ERON

STD

04/15/2008

Electronic Signature of Signing Officer or Director

Date