

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005927

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

27499 RIVERVIEW CENTER BOULEVARD
SUITE 238
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

27499 RIVERVIEW CENTER BOULEVARD
SUITE 238
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 20-5011520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LISTON, DAVID
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: DAVID LISTON

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VD () Delete
Name: SIMONSON, MARIE-LOUISE
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: BORKENHAGEN, KEVIN
Address: 10801 CORKSCREW RD. SUITE 421
City-St-Zip: ESTERO, FL 33928

Title: VD (X) Change () Addition
Name: NUNN, WILLY
Address: 10801 CORKSCREW RD. SUITE 421
City-St-Zip: ESTERO, FL 33928

Title: STD (X) Change () Addition
Name: WYRICK, JASON
Address: 10801 CORKSCREW RD. SUITE 421
City-St-Zip: ESTERO, FL 33928

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: DAVID LISTON

PM

04/15/2009

Electronic Signature of Signing Officer or Director

Date