

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001288

FILED
Apr 23, 2009
Secretary of State

Entity Name: QUEEN ANNE GATE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CALIBER CONDO MGT IN
32712 U S HWY 18 N
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

C/O CALIBER CONDO MGT IN
32712 U S HWY 18 N
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 59-3345362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MARJORIE J
32712 U S 19 NORTH
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NEUMAN, JOHN
Address: 1177 ROYAL BLVD
City-St-Zip: PALM HARBOR, FL 34684

Title: VD () Delete
Name: DRAYER, SANFORD
Address: 1178 ROYAL BLVD
City-St-Zip: PALM HARBOR, FL 34684

Title: PD () Delete
Name: KEHLENBACH, CARL
Address: 1077 ROYAL BLVD
City-St-Zip: PALM HARBOR, FL 34684

Title: D (X) Delete
Name: CAIN, JOY
Address: 1166 ROYAL BLVD
City-St-Zip: PALM HARBOR, FL 34684

Title: TD (X) Delete
Name: HOLZ, RICHARD
Address: 1191 ROYAL BLVD
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MINTER, TOM
Address: 1190 ROYAL BLVD
City-St-Zip: PALM HARBOR, FL 34684

Title: SD (X) Change () Addition
Name: CALGI, ANN
Address: 1184 ROYAL BLVD
City-St-Zip: PALM HARBOR, FL 34684

Title: TD (X) Change () Addition
Name: KUPNIEWSKI, JOANN
Address: 1170 ROYAL BLVD
City-St-Zip: PALM HARBOR, FL 34684

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

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: MARJORIE J. BROWN

AGT

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date