

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39614

Entity Name: QUEEN'S HARBOUR YACHT & COUNTRY CLUB OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**238 QUEENS HARBOR BLVD
JACKSONVILLE, FL 32225**Current Mailing Address:**5455 A1A SOUTH
SUITE 3
ST AUGUSTINE, FL 32080 US**FEI Number: 59-3118624****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAY MANAGEMENT SERVICES INC
5455 A1A SOUTH
ST AUGUSTINE, FL 32080 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 DIRECTOR
Name PERSHES, PAUL
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title TREASURER
Name HAMBY, JAMES
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR
Name ROBINSON, ROBBIE
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title VP
Name MELOFCHIK, NEIL
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name MARTELLO, CHARLES P
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR
Name KALLAUS, MARK
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR
Name HAUSMAN, ERALDA
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title PRESIDENT
Name BUNKER, ROBERT
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

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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: CHARLES MARTELLO**DIRECTOR****04/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | CAMPBELL, GREGORY L |
| Address | 5455 A1A SOUTH |
| City-State-Zip: | ST AUGUSTINE FL 32080 |