

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

DOCUMENT# N95000001288

**Entity Name:** QUEEN ANNE GATE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 02, 2015**  
**Secretary of State**  
**CC9326663709**

**Current Principal Place of Business:**

C/O CALIBER CONDO MGT IN  
32708 US #19 NORTH  
PALM HARBOR, FL 34684

**Current Mailing Address:**

C/O CALIBER CONDO MGT IN  
32708 US #19 NORTH  
PALM HARBOR, FL 34684 US

**FEI Number: 59-3345362**

**Certificate of Status Desired: No**

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

JONES, SHIRLEY H  
C/O CALIBER CONDO MGT  
32708 US #19 NORTH  
PALM HARBOR, FL 34684 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 PD  
Name MINTER, TOM  
Address 1190 ROYAL BLVD  
City-State-Zip: PALM HARBOR FL 34684

Title VP  
Name TERZIS, JON  
Address 1114 ROYAL BLVD  
City-State-Zip: PALM HARBOR FL 34684

Title SD  
Name BALDIGO, MICHAEL  
Address 1103 ROYAL BLVD  
City-State-Zip: PALM HARBOR FL 34684

Title TD  
Name HARRIS, BRIAN  
Address 1090 ROYA BLVD  
City-State-Zip: PALM HARBOR FL 34684

Title D  
Name PICTOR, BOB  
Address 1196 ROYAL BLVD.  
City-State-Zip: PALM HARBOR FL 34684

*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: TOM MINTER**

**PRESIDENT**

**03/02/2015**

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

\_\_\_\_\_  
Date