
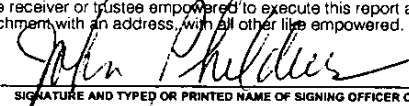


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90026 050 ****61.25

DOCUMENT # 722572 1. Entity Name QUARTERDECK OWNERS ASSOCIATION, INC.					
Principal Place of Business 1275 TARPON CENTER DRIVE VENICE, FL 34285			Mailing Address 1275 TARPON CENTER DRIVE VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02202008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1536339	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOWER, DOUGLAS 1275 TARPON CENTER DR #106 VENICE, FL 34285			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINSON, TOM		NAME		
STREET ADDRESS	1508 WOODLAND TERR		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURG, KS 66762		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILDIUS, JOHN		NAME		
STREET ADDRESS	6435 RUTHERFORD PL		STREET ADDRESS		
CITY-ST-ZIP	SWANEE, GA 30174		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASILE, DON		NAME		
STREET ADDRESS	207 HEARTSTONE		STREET ADDRESS		
CITY-ST-ZIP	BARTLETT, IL 60103		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MC GREGOR, LARRY		NAME		
STREET ADDRESS	3830 ELECTRIC		STREET ADDRESS		
CITY-ST-ZIP	LINCOLN PARK, MI 48146		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACON, TONY		NAME		
STREET ADDRESS	1171 SNOWBELL WAY		STREET ADDRESS		
CITY-ST-ZIP	CENTERVILLE, OH 45458		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLAND, JOETTA		NAME		
STREET ADDRESS	P.O. BOX 427		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34284		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 3/14/08 Daytime Phone # 9414880449		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					