

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722572

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** QUARTERDECK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1275 TARPON CENTER DRIVE  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

1275 TARPON CENTER DRIVE  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 59-1536339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOWER, DOUGLAS  
1275 TARPON CENTER DR #106  
VENICE, FL 34285 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: P  
Name: COLLINSON, TOM  
Address: 1508 WOODLAND TERR  
City-St-Zip: PITTSBURG, KS 66762

Title: T  
Name: PHILDIUS, JOHN  
Address: 6435 RUTHERFORD PL  
City-St-Zip: SWANEE, GA 30174

Title: V  
Name: BASILE, DON  
Address: 207 HEARTSTONE  
City-St-Zip: BARTLETT, IL 60103

Title: D  
Name: MC GREGOR, LARRY  
Address: 3830 ELECTRIC  
City-St-Zip: LINCOLN PARK, MI 48146

Title: D  
Name: GRESHAM, NOAH  
Address: 384 CEDARBROOK, CT  
City-St-Zip: VENICE, FL 34292

Title: S  
Name: POLAND, JOETTA  
Address: P.O. BOX 427  
City-St-Zip: VENICE, FL 34284

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: DOUGLAS BOWER

MGR

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date