

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742843

FILED
Mar 16, 2009
Secretary of State

Entity Name: QUAIL POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

QUAIL POINT ONE
10036 SAWGRASS DR
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

QUAIL POINT ONE
10036 SAWGRASS DR
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

10036 SAWGRASS DR W
SUITE 1
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

5455 A1A SOUTH ST
SUITE 3
SAINT AUGUSTINE, FL 32080 US

FEI Number: 59-1881338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEIL, CINDY
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH ST
SUITE 3
SAINT 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: ANNA MARKS

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: VENTRELLA, PETER
Address: 5 ENDOR LANE
City-St-Zip: WESTFIELD, NY 07090

Title: PD () Delete
Name: HENDRICKS, ROBERT
Address: 323 QUAIL POINTE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V () Delete
Name: PRICE, JOSPEH F
Address: 308 QUAIL POINT DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VENTRELLA, PETER
Address: 5455 A1A SOUTH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P (X) Change () Addition
Name: HENDRICKS, ROBERT
Address: 5455 A1A SOUTH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: PRICE, JOSPEH F
Address: 5455 A1A SOUTH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: ROBERT HENDRICKS

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date