

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747002

FILED
Apr 16, 2009
Secretary of State

Entity Name: QUAIL POINTE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATION MANAGEMENT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATION MANAGEMENT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 59-1997455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 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: DP () Delete
Name: MAY, LARRY
Address: 525 QUAIL POINTE LN
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: ROGERS, BEVERLY
Address: P.O. BOX 1131
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: D () Delete
Name: BANNON, JAMES
Address: 9870 PRESTON TRAIL W
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVP () Delete
Name: WESTER, MARY A
Address: 532 QUAIL PONTE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DT () Delete
Name: POWELL, DONALD
Address: 8956 LAKE KATHRYN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: BANNON, JAMES
Address: 9870 PRESTON TRAIL W
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVP (X) Change () Addition
Name: SLOVER, WILLIAM
Address: 531 QUAIL PONTE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LARRY MAY

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date