

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747002

FILED
Apr 13, 2010
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
Name: MAY, LARRY
Address: 525 QUAIL POINTE LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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

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

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: LARRY MAY

PRES

04/13/2010

Electronic Signature of Signing Officer or Director

Date