2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2006 8:00 am Secretary of State

DOCU	MENT # 764370					ecreta 1 3-24-2006 90			
1. Entity Nam	QUARTER CONDOMINIU	M ASSOCIATION OF				3-24-2000 90	0010 038	01.23	
3 75 8N AVI	e of Business ENUE SOUTH	Mailing Address 375 8TH AVENUE SOUTH APT D			dan.				
NAPI ESPI	34102 US	NAPLES, FL 34102 U	S				 		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03122006	Chg-NP	CR2E037 (11/	05)	
City & State		City & State			4. FEI Number 59-22929	70	-	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	□ \$8.75 Fee Re	Additional quired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
GEFFERT, PAUL 375 8TH AVE S UNIT D			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, I	FL 34102			· · · · · · · · · · · · · · · · · · ·					
			City	FL Zip Code					
	named entity submits this statement for	or the purpose of changing its re	gistered office or	register	ed agent, or both, is	n the State of Flor	ida. I am familiar	with, and accept	
SIGNATURE	Dane MATA 11.6	1 Sept.					3/22/1/2	6	
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable ' (NOTE: R	legislered Agent signatu	re required	when reinstating)		3/22/0	<u> </u>	
JIGHATORE :	Signature, typed or phinted name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees	Ma	DATE LANGE CHECK payal da Department	ole to	
10.	Due by May 1, 2006 OFFICERS AND DE	9. Election Camp Trust Fund Cor	aign Financing ntribution.		\$5.00 May Be Added to Fees	Ma Florid GES TO OFFICER	ike check payal da Department	ole to of State	
	Due by May 1, 2006	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Ma Floric GES TO OFFICER John Bo Unit	ike check payal da Department	ole to of State	
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12. Thereby 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: # 50 = Carthy HARRIET Mc CARTHY 3/2 =

3/22/06 239:430-9754