


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 769263 1. Entity Name QUAYPOINT HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 11385 W POINT DR COOPER CITY, FL 33026 US	Mailing Address 11385 W POINT DR COOPER CITY, FL 33026 US
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01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent KIAR, MONROE D ESQ. 6191 SW 45TH ST SUITE 6151A DAVIE, FL 33314

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MIRIAM 11430 W POINT DR COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMOLINE, SARA 11525 S QUAYSIDE DR COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILBERT, BEVERLY 11385 W. POINT DR. COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULSON, MITCH 11555 S. QUAYSIDE DR. COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS MAISONNEVE, RICHARD 11365 N POINT DR COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAURILIOU, SILVIA 3425 W. POINT DR COOPER CITY, FL 33026

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05/04/05-80119-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
1/29/05

Date

Daytime Phone #