2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2006
Secretary of State

DOCUMENT# 769263

Entity Name: QUAYPOINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11385 W POINT DR
COOPER CITY, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

11385 W POINT DR
COOPER CITY, FL 33026 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIAR, MONROE D ESQ.
6191 SW 45TH ST
SUITE 6151A
DAVIE, FL 33314 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: MONROE D KIAR

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DAVIS, MIRIAM	
Address:	11430 W POINT DR	
City-St-Zip:	COOPER CITY, FL	
Title:	D	( ) Delete
Name:	DEMOLINE, SARA	
Address:	11525 S QUAYSIDE DR	
City-St-Zip:	COOPER CITY, FL 33026	
Title:	P	( ) Delete
Name:	GILBERT, BEVERLY	
Address:	11385 W. POINT DR.	
City-St-Zip:	COOPER CITY, FL	
Title:	D	(X) Delete
Name:	PAULSON, MITCH	
Address:	11555 S. QUAYSIDE DR.	
City-St-Zip:	COOPER CITY, FL	
Title:	FS	( ) Delete
Name:	MAISONNEVVE, RICHARD	
Address:	11365 N POINT DR	
City-St-Zip:	COOPER CITY, FL 33026	
Title:	S	( ) Delete
Name:	GAURILIOU, SILVIA	
Address:	3425 W. POINT DR	
City-St-Zip:	COOPER CITY, FL 33026	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BEVERLY GILBERT PRES 10/04/2006

Electronic Signature of Signing Officer or Director — Date