

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 769263

1. Entity Name
QUAYPOINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
11385 W POINT DR
COOPER CITY, FL 33026 US

Mailing Address
11385 W POINT DR
COOPER CITY, FL 33026 US



01282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000632666
02/21/07-80031-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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:

Beverly Gilbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07 954-434-2400
Date Daytime Phone #