2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769263

FILED Apr 27, 2009 Secretary of State

Entity Name: QUAYPOINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Prince	New Principal Place of Business:		
	POINT DR CITY, FL 3302	26 US					
Current M	/lailing Addres	ss:		New Maili	ng Address:		
	POINT DR CITY, FL 3302	26 US					
FEI Number	: 65-0454451	FEI Number Applied	d For () F	El Number Not App	licable () Certificate of Status Desired ()		
Name and	d Address of C	urrent Registered	Agent:	Name and	Address of New Registered Agent:		
6191 SW SUITE 615 DAVIE, FL	51A ₋ 33314 US						
	e named entity s e of Florida.	submits this stateme	ent for the purp	ose of changing i	ts registered office or registered agent, or both,		
SIGNATU	RE:						
	Electron	ic Signature of Reg	istered Agent		Date		
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address:	_	Delete I T DR		ADDITION Title: Name: Address: City-St-Zip:	IS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition		
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () DAVIS, MIRIAM 11430 W POIN COOPER CITY,	Delete I T DR , FL Delete RA SIDE DR		Title: Name: Address:			
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	D () DAVIS, MIRIAM 11430 W POIN' COOPER CITY, D () DEMOLINE, SA 11525 S QUAYS	Delete T DR , FL Delete RA SIDE DR , FL 33026 Delete ERLY IT DR.		Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	D () DAVIS, MIRIAM 11430 W POIN' COOPER CITY, D () DEMOLINE, SA 11525 S QUAYS COOPER CITY, P () GILBERT, BEVI 11385 W. POIN COOPER CITY,	Delete T DR , FL Delete RA SIDE DR , FL 33026 Delete ERLY IT DR. , FL		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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 V 04/27/2009