

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90139 032 ***158.75

DOCUMENT # L40404

1. Entity Name
QUALITY DEVELOPMENT OF FLORIDA, INC.



Principal Place of Business
3200 TAMiami TRAIL N SUITE 200
NAPLES, FL 34103 US

Mailing Address
3200 TAMiami TRAIL N SUITE 200
NAPLES, FL 34103 US

40048643



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0163264

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J.
3200 TAMiami TRAIL N SUITE 200
NAPLES, FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME FERRAO, AUBREY J.
STREET ADDRESS 3470 CLUB CENTER BLVD
CITY-ST-ZIP NAPLES, FL 34114

TITLE SD ☐ Delete
NAME WOODWARD, MARK J.
STREET ADDRESS 3200 TAMiami TRAIL N SUITE 200
CITY-ST-ZIP NAPLES, FL 34103

TITLE VPD ☐ Delete
NAME PARISI, JOSEPH L
STREET ADDRESS 3470 CLUB CENTER BLVD
CITY-ST-ZIP NAPLES, FL 34114

TITLE TD ☐ Delete
NAME DINARDO, ANTHONY
STREET ADDRESS 3470 CLUB CENTER BLVD
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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

Director

4/11/06

(239) 732-9400

Date

Daytime Phone #

Joseph Livio Parisi