## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N04000007680

TI FILED
Oct 28, 2008
Secretary of State

Entity Name: THE QUARRY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

27499 RIVERVIEW CENTER BOULEVARD SUITE 238 BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

27499 RIVERVIEW CENTER BOULEVARD SUITE 238 BONITA SPRINGS, FL 34134

FEI Number: 20-1455057 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AVALLONE, FRANCO OMNI MANAGEMENT SVCS 27499 RIVERVIEW CENTER BLVD #238 BONITA SPRINGS, FL 34134 US

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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: BROSSEIT BRETT Name: CARTEE CHRISTOPHER

Name:BROSSEIT, BRETTName:CARTEE, CHRISTOPHERAddress:5801 PELICAN BAY BOULEVARD #600Address:5801 PELICAN BAY BOULEVARD #600

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: SACKETT, JOHN Name: BERGER, DAYNA

Address: 5801 PELICAN BAY BOULEVARD #600 Address: 5801 PELICAN BAY BOULEVARD #600

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: STD () Delete Title: () Change () Addition

 Name:
 CANALE, RICK
 Name:

 Address:
 5801 PELICAN BAY BOULEVARD #600
 Address:

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:

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: CHRISTOPHER CARTEE PD 10/28/2008