

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007680

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: THE QUARRY COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BOULEVARD  
SUITE 238  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

27499 RIVERVIEW CENTER BOULEVARD  
SUITE 238  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

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

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

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

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

LISTON, DAVID  
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: DAVID LISTON

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARTEE, CHRISTOPHER  
Address: 5801 PELICAN BAY BOULEVARD #600  
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete  
Name: BERGER, DAYNA  
Address: 5801 PELICAN BAY BOULEVARD #600  
City-St-Zip: NAPLES, FL 34108

Title: STD ( ) Delete  
Name: CANALE, RICK  
Address: 5801 PELICAN BAY BOULEVARD #600  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BORKENHAGEN, KEVIN  
Address: 10801 CORKSCREW RD. SUITE 421  
City-St-Zip: ESTERO, FL 33928

Title: VD (X) Change ( ) Addition  
Name: NUNN, WILLY  
Address: 10801 CORKSCREW RD. SUITE 421  
City-St-Zip: ESTERO, FL 33928

Title: STD (X) Change ( ) Addition  
Name: WYRICK, JASON  
Address: 10801 CORKSCREW RD. SUITE 421  
City-St-Zip: ESTERO, FL 33928

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: DAVID LISTON

PM

04/15/2009

Electronic Signature of Signing Officer or Director

Date