

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04819

FILED
Apr 29, 2006
Secretary of State

Entity Name: QUINCEY PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O LANCE P MIRRER, CPA
P.O. BOX 290548
DAVIE, FL 333290548 US

Current Mailing Address:

C/O LANCE P MIRRER, CPA
P.O. BOX 290548
DAVIE, FL 333290548 US

New Principal Place of Business:

C/O ASSOCIATED TAX CONSULTANTS GROUP, INC.
P.O. BOX 290548
DAVIE, FL 333290548 US

New Mailing Address:

C/O ASSOCIATED TAX CONSULTANTS GROUP, INC.
P.O. BOX 290548
DAVIE, FL 333290548 US

FEI Number: 59-2628546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRRER, LANCE P CPA
5400 S UNV DRIVE STE 601
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

THAYIL, PAUL CPA
5400 S UNIVERSITY DRIVE
SUITE 601
DAVIE, FL 33328 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: PAUL THAYIL

04/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, PAMELA
Address: 9972 SW 16 ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D (X) Delete
Name: PAGAN, JOSE
Address: 10024 S.W. 16 ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S (X) Delete
Name: GREENBERG, LAURIE
Address: 10033 SW 16 ST.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D (X) Delete
Name: ESCOBAR, MAURICE
Address: 10000 SW 14 ST.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D (X) Delete
Name: TURNER, MAUREEN
Address: 10032 SW 16 ST.
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KEATOR, JEFF
Address: 9953 S.W. 16TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFF KEATOR

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date