2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04819

FILED Mar 22, 2007 Secretary of State

Entity Name: QUINCEY PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: C/O ASSOCIATED TAX CONSULTANTS GROUP, INC. P.O. BOX 290548 New Principal Place of Business: C/O ASSOCIATED TAX CONSULTANTS GROUP, INC. 5400 S UNIVERSITY DRIVE, SUITE 601

DAVIE, FL 333290548 US DAVIE, FL 33328 US

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KEATOR, JEFF JONES, PAMELA Name: Name: 9953 S.W. 16TH ST Address: 9972 SW 16 STREET Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025 Title: Title: () Change (X) Addition () Delete Name: BROWN, KEVIN Name: Address: Address: 10036 SW 14 STREET City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33025 Title: () Delete Title: () Change (X) Addition PAGAN, JOSE Name: Name: 10024 SW 16 STREET Address: Address: City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33025 Title: () Delete Title: () Change (X) Addition Name: Name: TURNER, MAUREEN Address: Address: 10032 SW 16 STREET City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33025 Title: () Delete Title: () Change (X) Addition MARTINEZ, AURA Name: Name: 9949 SW 16 STREET Address: Address: City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33025 Title: () Delete Title: () Change (X) Addition MACKEY, JAMES Name: Name: Address: Address: 10053 SW 16 STREET PEMBROKE PINES, FL 33025 City-St-Zip: 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: PAMELA JONES P 03/22/2007