2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04819

FILED Jan 22, 2009 Secretary of State

Entity Name: QUINCEY PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: % ASSOCIATED TAX CONSULTANTS GROUP, INC. BADDAVIE, FL 33328 US Current Mailing Address: % ASSOCIATED TAX CONSULTANTS GROUP, INC. PL, OR SYSTEM STORE STO									
Manager Delete Filter Personal Content Pe	Current Principal Place of Business:				New Principal Place of Business:				
## ASSOCIATED TAX CONSULTANTS GROUP, INC. P.O. BOX 290548 DAVIE, FL. 333290548 US ## DAVIE, FL. 33324 US ## DAVIE, FL. 33325 US ## DAVI	5400 S UNIVERSITY DR, SUITE 601				8211 W. BROWARD BLVD.STE 430				
P.O. BOX 290548	Current Mailing Address:				New Mailing Address:				
Name and Address of Current Registered Agent: ACCOUNTSULT 3211 W BROWARD BLVD STE 430 PLANTATION, FL 33324 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. 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: CAROL STRAUSS Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: O1/22/2009 Title: P () Delete Name: JONES, PAMELA Address: DOITY-ST-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Name: BROWN, KEVIN Address: City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Title: VP () Delete Title: D (X) Change () Addition Name: BROWN, KEVIN Address: DIO33 SW 14 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Title: D (X) Change () Addition Name: PAGAN, JOSE Address: DIO24 SW 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Title: VP () Delete Name: Address: DIO24 SW 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Name: TURNER, MAJUREEN Name: Address: DIO24 SW 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: D () Change () Addition Name: Address: DIO28-VI 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: D () Change () Addition Name: Address: DIO28-VI 16 STREET Address: DIO28-VI 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: D () Change () Addition Name: Address: DOWEN, CAROL Name:	P.O. BOX 290548				8211 W.BROWARD BLVD. STE.430				
BAKALAR & EICHNER, P.A. 1505 PINE ISLAND RD. #540 PLANTATION, FL 33324 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: CAROL STRAUSS Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: P () Delete Name: JONES, PAMELA Address: OIV-98-72p: PEMBROKE PINES, FL 33025 Title: VP () Delete Name: PERMENCKE PINES, FL 33025 Title: VP () Delete Name: PAGAN, JOSE Address: 10024 SW 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Name: PAGAN, JOSE Address: 10024 SW 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Name: PAGAN, JOSE Name: PAGAN, JOSE Name: PAGAN, JOSE Name: PAGAN, JOSE Name: Name: PAGAN, JOSE Name: Name: PAGAN, JOSE Name: Name: Name: PAGAN, JOSE Name: Na	FEI Number:	59-2628546 FEI I	lumber Applied For ()	FEI Nun	nber Not Appli	icable ()	Certifica	te of Status Desired (()
1505 PINE ISLAND RD	Name and	Address of Curren	t Registered Agent:		Name and	Address of N	ew Reg	istered Agent:	
In the State of Florida. SIGNATURE: CAROL STRAUSS	3211 W BR	OWARD BLVD STE		1505 PINE ISLAND RD. #540					
Electronic Signature of Registered Agent			s this statement for the purp	ose o	f changing it	s registered of	fice or re	egistered agent, or	both,
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: P () Delete Name: JONES, PAMELA Address: 9972 SW 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Name: BROWN, KEVIN Name: BROWN, KEVIN Address: 10036 SW 14 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Name: PAGAN, JOSE Address: 10024 SW 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Name: PAGAN, JOSE Address: 10024 SW 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Name: TITLE: Name: Name: Address: 10024 SW 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Name: Address: City-St-Zip: City-St-Zip:	SIGNATUR						0	1/22/2009	
Title:		Electronic Sign	nature of Registered Agent					Date	
Name: JONES, PAMÉLA Name: Address: 9972 SW 16 STREET Address: 9972 SW 16 STREET Address: Oity-St-Zip: PEMBROKE PINES, FL 33025 Oity-St-Zip: Oity-St-Zip: Oity-St-Zip: Oity-St-Zip: Oity-St-Zip: Oity-St-Zip: Oity-St-Zip: Oity-St-Zip: PEMBROKE PINES, FL 33025 Oity-St-Zip: Oi	OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Name: BROWN, KEVIN Name: BROWN, KEVIN Address: 10036 SW 14 STREET Address: 10036 SW 14 STREET City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Title: D (X) Change () Addition Name: PAGAN, JOSE Name: PAGAN, JOSE Address: 10024 SW 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Title: () Change () Addition Name: Address: 10032 SW 16 STREET Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: Title: S () Delete Title: () Change () Addition Name: Address: Address:	Name: Address:	JONES, PAMELA 9972 SW 16 STREET	. 33025		Name: Address:	()	Change () Addition	
Name: PAGAN, JOSÉ Name: PAGAN, JOSÉ Address: 10024 SW 16 STREET Address: 10024 SW 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025 Title: VP () Delete Name: () Change () Addition Name: TURNER, MAUREEN Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: City-St-Zip: City-St-Zip: Title: D () Delete Name: Address: Address: 10028-14TH ST Address: Address: City-St-Zip: Title: S () Delete Title: () Change () Addition Name: MACKEY, JAMES Name: Address: 10053 SW 16 STREET Address:	Name: Address:	BROWN, KEVIN 10036 SW 14 STREET			Name: Address:	BROWN, KEVIN 10036 SW 14 S	TREET	· ·	
Name: TURNER, MAUREEN Name: Address: 10032 SW 16 STREET Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: BOWEN, CAROL Name: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: Title: S () Delete Title: () Change () Addition Name: MACKEY, JAMES Name: Address: 10053 SW 16 STREET Address:	Name: Address:	PAGAN, JOSE 10024 SW 16 STREET			Name: Address:	PAGAN, JOSE 10024 SW 16 S	TREET	` '	
Name: BOWEN, CARÓL Name: Address: 10028-14TH ST Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: Title: S () Delete Title: () Change () Addition Name: MACKEY, JAMES Name: Address: 10053 SW 16 STREET Address:	Name: Address:	TURNER, MAUREEN 10032 SW 16 STREET			Name: Address:	()	Change () Addition	
Name: MACKEY, JAMES Name: Address: 10053 SW 16 STREET Address:	Name: Address:	BOWEN, CARÓL 10028-14TH ST	. 33025		Name: Address:	()	Change () Addition	
	Name: Address:	MACKEY, JAMES 10053 SW 16 STREET			Name: Address:	()	Change() Addition	

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: PAMELA C.JONES P 01/22/2009