

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.
5400 S UNIVERSITY DR, SUITE 601
DAVIE, FL 33328 US

Current Mailing Address:

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

New Principal Place of Business:

ACCOUNTSULT,LLC
8211 W. BROWARD BLVD,STE 430
PLANTAION, FL 33324 US

New Mailing Address:

ACCOUNTSULT,LLC
8211 W.BROWARD BLVD. STE.430
DAVIE, FL 33324 US

FEI Number: 59-2628546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCOUNTSULT
3211 W BROWARD BLVD STE 430
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
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: TURNER, MAUREEN
Address: 10032 SW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: BOWEN, CAROL
Address: 10028-14TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: MACKEY, JAMES
Address: 10053 SW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BROWN, KEVIN
Address: 10036 SW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D (X) Change () Addition
Name: PAGAN, JOSE
Address: 10024 SW 16 STREET
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:

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

Electronic Signature of Signing Officer or Director

Date