

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000005927

1. Entity Name
QUARTZ COVE AT THE QUARRY CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
5801 PELICAN BAY BLVD, SUITE 600
NAPLES, FL 34108

Mailing Address
5801 PELICAN BAY BLVD, SUITE 600
NAPLES, FL 34108

FILED
07 SEP -6 PM 2: 25
CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08232007

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-5011520

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUEMLER, TIMOTHY
5801 PELICAN BAY BLVD, SUITE 600
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name **TIM LOEHR**

Street Address (P.O. Box Number is Not Acceptable)
OMNI MANAGEMENT SERVICES

27499 RIVERVIEW CENTER BLVD #134

City **BONITA SPRINGS**

FL

Zip Code
34134

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME ~~HALLORAN, DAN~~
STREET ADDRESS 5801 PELICAN BAY BLVD, SUITE 600
CITY-ST-ZIP NAPLES, FL 34108

TITLE VPD ☒ Delete
NAME ~~SCARSELLA, TIM~~
STREET ADDRESS 5801 PELICAN BAY BLVD, SUITE 600
CITY-ST-ZIP NAPLES, FL 34108

TITLE STD ☒ Delete
NAME ~~UNSHIN, DIANA~~
STREET ADDRESS 5801 PELICAN BAY BLVD, SUITE 600
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME **DAVID L. LISTON**
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition
NAME **DAN BEITER**
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition
NAME **CHAD ERON**
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Liston

DAVID L. LISTON

8/23/07

239.598.4145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #