

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000006330

FILED
Oct 28, 2008
Secretary of State

Entity Name: IRONSTONE AT THE QUARRY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5801 PELICAN BAY BLVD., STE. 600
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5801 PELICAN BAY BLVD., STE. 600
NAPLES, FL 34108

New Mailing Address:

27499 RIVERVIEW CENTER BLVD #238
BONITA SPRINGS, FL 34134

FEI Number: 20-5039046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOEHR, TIM
OMNI MANAGEMENT SVCS
27499 RIVERVIEW CENTER BLVD #134
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

LISTON, DAVID
OMNI MANAGEMENT SVCS
27499 RIVERVIEW CENTER BLVD #238
BONITA SPRINGS, FL 34134 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: DAVID LISTON

10/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LISTON, DAVID L
Address: 5801 PELICAN BAY BLVD., STE. 600
City-St-Zip: NAPLES, FL 34108

Title: DV () Delete
Name: BEITER, DAN
Address: 5801 PELICAN BAY BLVD., STE. 600
City-St-Zip: NAPLES, FL 34108

Title: STD () Delete
Name: ERON, CHAD
Address: 5801 PELICAN BAY BLVD., STE. 600
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARTEE, CHRISTOPHER
Address: 5801 PELICAN BAY BLVD., STE. 600
City-St-Zip: NAPLES, FL 34108

Title: DV (X) Change () Addition
Name: CANALE, RICK
Address: 5801 PELICAN BAY BLVD., STE. 600
City-St-Zip: NAPLES, FL 34108

Title: STD (X) Change () Addition
Name: BERGER, DAYNA
Address: 5801 PELICAN BAY BLVD., STE. 600
City-St-Zip: NAPLES, FL 34108

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: CHRISTOPHER CARTEE

PD

10/28/2008

Electronic Signature of Signing Officer or Director

Date