

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18216

FILED
Jan 07, 2005
Secretary of State

Entity Name: NORTHWEST QUADRANT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

361 ST. ARMAND'S CIRCLE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

PO BOX 10116
BRADENTON, FL 34282 US

New Mailing Address:

FEI Number: 59-2746875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARONE, ROBERT
570 57TH AVE W #107
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

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:

Title: SD () Delete
Name: FRY, DAROL E
Address: 361 ST. ARMANDA CIRCLE
City-St-Zip: SARASOTA, FL

Title: ASD () Delete
Name: MARONE, ROBERT
Address: 9150 BLIND PASS ROAD, #305
City-St-Zip: SARASOTA, FL

Title: PD () Delete
Name: WATERS, ALLEN,
Address: 357 ST ARMANDS CIR
City-St-Zip: SARASOTA, FL

Title: TD () Delete
Name: WATERS, BRENDA
Address: 357 ST ARMANDS CIRCLE
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ASD (X) Change () Addition
Name: MARONE, ROBERT
Address: 570 57TH AVE WEST, #107
City-St-Zip: BRADENTON, FL 34207

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 for the exemption stated in Section 119.07(3)(i), 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: ROBERT MARONE

ASD

01/07/2005

Electronic Signature of Signing Officer or Director

Date