

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18216

FILED  
Jan 11, 2006  
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: 570 57TH AVE WEST, #107  
City-St-Zip: BRADENTON, FL 34207

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: FRY, DAROL E  
Address: 361 ST. ARMANDA CIRCLE  
City-St-Zip: SARASOTA, FL 34236

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

Title: PD (X) Change ( ) Addition  
Name: WATERS, ALLEN,  
Address: 357 ST ARMANDS CIR  
City-St-Zip: SARASOTA, FL 34236

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 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: ROBERT MARONE

ASD

01/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date