

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21377

FILED
Aug 31, 2009
Secretary of State

Entity Name: QUAIL RIDGE OF COCOA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1957 QUAIL RIDGE CT
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

1957 QUAIL RIDGE CT
COCOA, FL 32926 US

New Mailing Address:

FEI Number: 59-2936031 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COASTAL ASSN MGT. INC.
3612 CROSSBOW DR.
COCOA, FL 32926 US

Name and Address of New Registered Agent:

PALARDY, PATRICIA A
3612 CROSSBOW DR.
COCOA, FL 32926 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: PATRICIA A PALARDY

08/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FAVATA, BOB
Address: 1917 QUAIL RIDGE CT #1904
City-St-Zip: COCA, FL 32926

Title: VD () Delete
Name: WOOLWINE, SIDNEY
Address: 1946 QUAIL RIDGE CT #2503
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: BAUERNFERND, EMILY
Address: 1956 QUAIL RIDGE CT. 31803
City-St-Zip: COCOA, FL 32926

Title: S () Delete
Name: FAVATA, LOUISE
Address: 1917 QUAIL RIDGE CT #1804
City-St-Zip: COCOA, FL 32926

Title: D (X) Delete
Name: HENRY, JODIE
Address: 1943 QUAIL RIDGE CT. #604
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROBERT FAVATA

P/D

08/31/2009

Electronic Signature of Signing Officer or Director

Date