

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23001

FILED
Feb 22, 2010
Secretary of State

Entity Name: THE QUARRIES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2889670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACTION REAL ESTATE SERVICES
6110-B NW 1ST PLACE
GAINESVILLE, FL 32607 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: D
Name: PERRY, DAVID
Address: 2334 SW 95TH TER
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: THUR DE KOOS, PAUL
Address: 2347 SW 95 TER
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: MCDONALD, PERRY
Address: 9303 SW 21ST AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: DST
Name: GOTTESMAN, STEPHEN
Address: 2135 SW 94TH TER
City-St-Zip: GAINESVILLE, FL 32607

Title: DP
Name: NAY, PAM
Address: 9424 SW 21ST AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: WHITED, ROD
Address: 2344 SW 95TH TER
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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 all other like empowered.

SIGNATURE: PAM NAY

P

02/22/2010

Electronic Signature of Signing Officer or Director

Date