2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005
Secretary of State

DOCUMENT# N23003

Entity Name: QUANTUM PARK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2500N QUANTUM LAKES DRIVE
STE 101
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

2500N QUANTUM LAKES DRIVE
100
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 65-0032805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

FINCH, JULIE
2500 QUANTUM LAKES DRIVE
SUITE 100
BOYNTON BEACH, FL 33426 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: TS ( ) Delete
Name: BRESOLIN, FIORENZO
Address: 2500 QUANTUM LAKES DRIVE STE 101
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: VTD ( ) Delete
Name: MGGILLICUDDY, THOMAS A
Address: 2500 QUANTUM LAKES DRIVE STE 101
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: PD ( ) Delete
Name: MACDONALD, DOUG
Address: 2500 QUANTUM LAKES DRIVE STE 101
City-St-Zip: BOYNTON BEACH, FL 33426 US

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:

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: DOUGLAS B MACDONALD PD 08/02/2005

Electronic Signature of Signing Officer or Director — Date