2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24578

FILED Apr 27, 2009 Secretary of State

Entity Name: QUARTERDECK COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

20570 PORTHOLE CT 20521 ARMADA CT

ESTERO, FL 33928 US ESTERO, FL 33928 US

Current Mailing Address: New Mailing Address:

20570 PORTHOLE CT 20521 ARMADA CT

ESTERO, FL 33928 US ESTERO, FL 33928 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, GREG TELESCA, TONY 20570 PORTHOLE CT 20521 ARMADA CT

ESTERO, FL 33928 US ESTERO, FL 33928 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: TONY TELESCA 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change() Addition

Name:JONES, GREGName:TELESCA, TONYAddress:20570 PORTHOLE COURTAddress:205521 ARMADA COURT

City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: T () Delete Title: () Change () Addition Name: VOSBURGH, JOHN Name:

 Name:
 VOSBORGH, JOHN
 Name:

 Address:
 20620 PORTHOLE CT
 Address:

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SEIJAS, JENNIFER
 Name:
 CAPRAROTTA, LINDA

 Address:
 20561 PORTHOLE CT.
 Address:
 20535 ARMADA CT.

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:
 ESTERO, FL 33928

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: JOHN L. VOSBURGH T 04/27/2009