

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29506

FILED
Mar 31, 2009
Secretary of State

Entity Name: QUEENS PARK COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

6736 LONE OAK BLVD.
NAPLES, FL 341096834 US

New Principal Place of Business:

Current Mailing Address:

6736 LONE OAK BLVD.
NAPLES, FL 341096834 US

New Mailing Address:

FEI Number: 65-0116734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
6736 LONE OAK BLVD.
NAPLES, FL 341096834 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: VD () Delete
Name: MILLER, TROY
Address: 5319 BERKELEY DR.
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: LISTROM, TONY
Address: 5320 BERKELEY DR.
City-St-Zip: NAPLES, FL 34112

Title: SD () Delete
Name: KNOWLAND, KATHLEEN
Address: 3217 DUCKEES DR.
City-St-Zip: NAPLES, FL 34112

Title: PD () Delete
Name: KAMP, RICHARD
Address: 4899 BERKELEY DR
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: MARTIN, DAN
Address: 4818 BERKELEY DR.
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MILLER, TROY
Address: 5319 BERKELEY DR.
City-St-Zip: NAPLES, FL 34112

Title: T (X) Change () Addition
Name: LISTROM, TONY
Address: 5320 BERKELEY DR.
City-St-Zip: NAPLES, FL 34112

Title: S (X) Change () Addition
Name: KNOWLAND, KATHLEEN
Address: 3217 DUCKEES DR.
City-St-Zip: NAPLES, FL 34112

Title: P (X) Change () Addition
Name: KAMP, RICHARD
Address: 4899 BERKELEY DR
City-St-Zip: NAPLES, FL 34112

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: DENNIS F. LIVELY

RA

03/31/2009

Electronic Signature of Signing Officer or Director

Date