2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29506

FILED Apr 05, 2010 Secretary of State

Entity Name: QUEENS PARK COMMUNITY SERVICES ASSOCIATION, INC.

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

6736 LONE OAK BLVD. NAPLES, FL 341096834 US

Current Mailing Address: New Mailing Address:

6736 LONE OAK BLVD. NAPLES, FL 341096834 US

FEI Number: 65-0116734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LIVELY, DENNIS F
6736 LONE OAK BLVD.
NAPLES, FL 341096834 US
ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD.
NAPLES, FL 341096834 US
ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD.
NAPLES, FL 341096834 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: DENNIS F LIVELY 04/05/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP

Name: MILLER, TROY
Address: 5319 BERKELEY DR.
City-St-Zip: NAPLES, FL 34112

Title: T

Name: LISTROM, TONY
Address: 5320 BERKELEY DR.
City-St-Zip: NAPLES, FL 34112

Title: S

Name: KNOWLAND, KATHLEEN Address: 3217 DUCKEESS DR. City-St-Zip: NAPLES, FL 34112

Title: F

Name: KAMP, RICHARD Address: 4899 BERKELEY DR City-St-Zip: NAPLES, FL 34112

Title:

 Name:
 MARTIN, DAN

 Address:
 4818 BERKELEY DR.

 City-St-Zip:
 NAPLES, FL 34112

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: DENNIS F LIVELY MGR 04/05/2010