

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29506

FILED  
Mar 31, 2011  
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:**

ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD.  
NAPLES, FL 341096834 US

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

LIVELY, DENNIS F  
C/O 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

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: T  
Name: WILLIAMS, ROGER  
Address: 3785 WEYMOUTH  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: HENRY, LARRY  
Address: 3586 KENT DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: VP  
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

RA

03/31/2011

Electronic Signature of Signing Officer or Director

Date