FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # N33686 Name						
	QUEENS HARBOUR OWNER	RS ASSOCIATION,	INC.				
Principal Place	of Business	Mailing Address					
				3. Date Incorporat		. Date of Last Re	-
				8/14/198	19	4/14/19	95
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number		Ap	oplied For
3503_	Fair Oaks Court	Moodrow Comm	unities 65-02	236769		ot Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of St	tatus Desired		Additional
22		27 7120 S. Beneva Road					equired
City & State Longb	oat Key, FL	City & State 28 Sarasota, FI	28 Sarasota, FL		aign Financing ntribution		May Be to Fees
Zip	Country	Zip 29 34238	Country 30 USA	8. This corporatio	n has liability for intangib	ole tax under s. 1 S 🔲 No	99.032,
24 34228	9, Name and Address of Current		30 0011		Idress of New Registe		
	3. Isamo and Madress of Carrons		81 Name				
			Joh 82 Street	<u>nn R. Peshkin</u> Address (P.O. Box Number	rie Not Acceptable)		
82				Taylor Woodre		28	
83				20 S. Beneva Ro			
				O S. Beneva Ko		85 Zip	Code
			84 City San	asota		FL 34	238
11. Pursuant to	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid	and 617.1508, Florida Statute	es, the above-named c	orporation submits this state	ement for the purpose of	of changing its reg	gistered office
or registere familiar wit	ed agent, or both, in the State of Fiorio h, and accept the obligations of, Section	on 617.0503, Florida Statutes.	ed by the corporation a	s board or directors. Thereby	у восеренно арропило	i do regiono e	agoria rain
SIGNATURE _	358	>		3/28/96			
	Signature, specifier printed name of registered agent		TE: Registered Agent signature 13.		DA HANGES TO OFFICERS		3S IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	7.001110110701	111020 10 01 102110	☐ Change	Addition
NAME	PD		1.2 NAME				_
STREET ADDRESS	David T. Ivin	_	1.3 STREET ADORESS				
CITY-ST-ZIP	7120 S. Beneva Roa Sarasota, FL 342	48	1.4 CITY - ST - ZIP				
TITLE	Duraboca, 12 0 (2	DELETE	21 TITLE	VPD		XX Change	☐ Addition
NAME			2.2 NAME	Timothy L. M. 3503 Fair Oa	cNeary		
STREET ADDRESS			2 3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Longboat Key	, FL 34228		
TITLE		D€LETE	3.1 TITLE 📡	STD		XX Change	Addition
NAME			3 2 NAME	Steven A. Ba			
STREET ADDRESS			3.3 STREET ADDRESS				
CHTY-ST-ZIP			3.4. CITY - ST - ZIP	Sarasota, FL	34238	По	T Addition
TITLE		DELETE	4.1 TITLE			L Change	Addition Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADORESS	1			
CITY - ST - ZIP		Doubte	4.4 CITY - ST - ZIP			Change	Addition
TITLE		DELETE	5.1 TITLE			ondingo	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	1			
CITY - ST - ZIP		DELETE	54 CITY-ST-ZIP	 900	1001774 10/9601011-	7 Sange	Addition
TITLE			6.2 NAME	-04/1	.0/9601011-	010	^
NAME STREET ADDRESS			6.3 STREET ADDRESS	***61	.25		(IÀ
			6.4 CITY - ST - ZIP				(1/2
CITY-ST-ZIP	l by certify that the information supplied:	with this filing is voluntarily furr	nished and does not a	ualify for the exemption stat	ed in Section 119.07(3)(k), Florida Statute	es. I furthe

too nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furthed certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an alkashment with an address.

SIGNATURE: ___

SIGNATURE AND TYPED OR PARTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 941-927-0999
Daytine Phone #