

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33686

FILED
Feb 22, 2005
Secretary of State

Entity Name: QUEENS HARBOUR OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 65-0236769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 W. SR 434, STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: NICOLATO, JOSEPH L
Address: 3611 FAIROAKS PLACE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VPD () Delete
Name: HELLER, MARTIN
Address: 3562 FAIROAKS LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: RAPOWITZ, BERT
Address: 3617 FAIR OAKS PL
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD () Delete
Name: MANASSE, RONDA
Address: 3537 FAIR OAKS LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: BALDWIN, ROBERT
Address: 3606 FAIR OAKS PLACE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: STEINBERG, HARVEY
Address: 3519 FAIR OAKS PL
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SAMET, NORMAN
Address: 3584 FAIR OAKS PL
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH L NICOLATO

PD

02/22/2005

Electronic Signature of Signing Officer or Director

Date