2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N33686

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:	SAMET, NORMAN	
Address:	3584 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH NICOLATO PD 04/28/2006

Electronic Signature of Signing Officer or Director — Date