

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000000348

1. Entity Name
QUIET WATERS COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**808 MARGINAL RD
WEST PALM BEACH, FL 33411 US**

Mailing Address
**808 MARGINAL RD
WEST PALM BEACH, FL 33411 US**



01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0935712

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARBIER, VICTOR J
808 MARGINAL RD
WEST PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000777392
01/10/08-80005-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CZAJKOWSKI, QARY
STREET ADDRESS 8035 DILLMAN ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE TD
NAME BARBIER, VICTOR
STREET ADDRESS 808 MARGINAL RD.
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE SD
NAME GROSSKOPF, JOHN
STREET ADDRESS 8052 7TH PLACE SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor J. Barbier, 1/5/08 561-333-3026

Date

Daytime Phone #