2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001401

FILED Aug 22, 2007 Secretary of State

Entity Name: QUINTETTE COMMUNITY PARK ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** QUINETTE COMMUNITY CENTER 2490 QUINETTE LN CANTONMENT, FL 32533 **New Mailing Address: Current Mailing Address:** 2490 QUINETTE LN CANTONMENT, FL 32533 FEI Number: 59-3573043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUKES, BARBARA HERRON, SHARON 2230 WEĽCOME ROAD 1957 STACEY RD. CANTONMENT, FL 32533 US CANTONMENT, FL 32533 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: SHARON HERRON 08/22/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MCCANTS, GENE MCCANTS, GENE Name: Name: 2184 WELCOME CIRCLE Address: 629 WEST QUINTETTE ROAD Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533 Title: SDT () Delete Title: SDT (X) Change () Addition DUKES, BARBARA Name: HERRON, SHARON Name: Address: 1957 STACEY RD. Address: 2230 WELCOME ROAD City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533 Title: TDT () Delete Title: () Change () Addition JOHNSON, A. B. Name: Name: 2206 WELCOME CIRCLE Address: Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: Title: **VPDT** () Delete Title: () Change () Addition Name: MACK, JOE Name: 210 WASHINGTON LANE Address: Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: Title: Title: () Delete () Change () Addition WEADEN, JACQUELINE D Name: Name: 373 QUINETTE RD Address: Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GENEW. MCCANTS **PRES** 08/22/2007