

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001401

FILED
May 05, 2009
Secretary of State

Entity Name: QUINTETTE COMMUNITY PARK ASSOCIATION, INC.

Current Principal Place of Business:

QUINETTE COMMUNITY CENTER
2490 QUINETTE LN
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

2490 QUINETTE LN
CANTONMENT, FL 32533

New Mailing Address:

QUINETTE COMMUNITY CENTER
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:

HERRON, SHARON
2230 WELCOME ROAD
CANTONMENT, FL 32533 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: CD () Delete
Name: MCCANTS, GENE
Address: 629 WEST QUINTETTE ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: SDT () Delete
Name: HERRON, SHARON
Address: 2230 WELCOME ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: TDT () Delete
Name: MOORER, DOROTHY.
Address: 2202 WELCOME CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: VPDT () Delete
Name: MACK, JOE
Address: 210 WASHINGTON LANE
City-St-Zip: CANTONMENT, FL 32533

Title: M () Delete
Name: WEADEN, JACQUELINE D
Address: 373 QUINETTE RD
City-St-Zip: CANTONMENT, FL 32533

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:

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: GENE W. MCCANTS

PRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date