

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007680

Entity Name: THE QUARRY COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**8975 KAYAK DRIVE
NAPLES, FL 34120**Current Mailing Address:**8975 KAYAK DRIVE
NAPLES, FL 34120 US**FEI Number:** 20-1455057**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOEDE, DEBOEST & CROSS
6609 WILLOW PARK DRIVE
SECOND FLOOR
NAPLES, FL 34109 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:** JOHN C. GOEDE, ESQ.

03/13/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HEASLIP, THOMAS E
Address 8975 KAYAK DRIVE
City-State-Zip: NAPLES FL 34120

Title TREASURER
Name SOLOMON, JERROLD
Address 8975 KAYAK DRIVE
City-State-Zip: NAPLES FL 34120

Title SECRETARY
Name RESSLER-TATRO, JODY
Address 8975 KAYAK DRIVE
City-State-Zip: NAPLES FL 34120

Title DIRECTOR
Name STREICH, JON M
Address 8975 KAYAK DRIVE
City-State-Zip: NAPLES FL 34120

Title DIRECTOR
Name TOOROCK, PAMELA W
Address 8975 KAYAK DR
City-State-Zip: NAPLES FL 34120

Title DIRECTOR
Name FORSTER, MARK E
Address 8975 KAYAK DR
City-State-Zip: NAPLES FL 34120

Title VP
Name MONGIOVI, RENEE
Address 8975 KAYAK DRIVE
City-State-Zip: NAPLES FL 34120

I hereby 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 all other like empowered.

SIGNATURE: THOMAS E. HEASLIP

PRESIDENT

03/13/2025

Electronic Signature of Signing Officer/Director Detail

Date