2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 728331** May 12, 2000 8:00 am Secretary of State 1. Entity Name QUAIL RIDGE CONDOMINIUM ASSOCIATION, INC. 05-12-2000 90080 050 ****61.25 Mailing Address Principal Place of Business 3715 GOLF ROAD 3715 GOLF ROAD BOYNTON BEACH FL 33436-5437 **BOYNTON BEACH FL 33436** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FFI Number Applied For 59-1608734 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TENNYSON, R. T ROD 1801 AUSTRALIAN AVENUE, SOUTH SUITE 101 Zip Code City W. PALM BCH. FL 33436 8.1 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Quinlan, William NAME NAME KIERNAN, JOHN 4114 Quail Ridge Drive STREET ADDRESS STREET ADDRESS 4511 MEADOWLARK LANE Boynton Beach, FL 33436 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL ☐ Change ☐ Delete TITLE TITLE D NAME (1997) Langan, Thomas SNELL, THADDEUS 10539 Coralberry Way... STREET ADDRESS STREET ADDRESS 3537 ROYAL TERN LANE CITY-ST-7IP Boynton Beach, FL 33436 CITY-ST-ZIP <u>Boynton Beach Fl</u> Change AT Addition ☐ Delete TITLE TITLE AS NAME NAME McDonald, Joseph BRUGLER, JOHN P. STREET ADDRESS STREET ADDRESS 3715 GOLF ROAD 3518 Royal Tern Circle CITY-ST-7IF CITY-ST-ZIP BOYNTON BCH, FL 00000 Boynton Beach, FL 33436 ☐ Change ☐ Addition ☐ Delete TITLE TITLE AT NAME NAME SCHAN, WILLIAM A STREET ADDRESS STREET ADDRESS 4588 MEADOWLARK CIR CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL** ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7-☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

4-26-00 (56)734-5100
Date Deptime Phone #

attachment C0089451 #728331

2000 ADDITIONAL ASSOCIATION DIRECTORS & OFFICERS