

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90113 004 ****61.25

DOCUMENT # 728627

1. Entity Name

QUAIL RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3715 GOLF ROAD
BOYNTON BEACH FL 33436****3715 GOLF ROAD
BOYNTON BEACH FL 33436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1609438

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****TENNYSON, RJ R
1801 AUSTRALIAN AVENUE, SOUTH
SUITE 101
W. PALM BCH. FL 33436**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BLOOM, JOHN**
CITY-ST-ZIP **3728 QUAIL RIDGE DRIVE
BOYNTON BEACH FL 33436**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD**
STREET ADDRESS **QUINLAN, WILLIAM**
CITY-ST-ZIP **4114 QUAIL RIDGE DRIVE
BOYNTON BEACH FL 33436**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **AT**
STREET ADDRESS **LANGAN, THOMAS**
CITY-ST-ZIP **10539 CORALBERRY LANE
BOYNTON BEACH FL 33436**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **AS**
STREET ADDRESS **BRUGLER, JOHN P**
CITY-ST-ZIP **3715 GOLF ROAD
BOYNTON BCH. FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
STREET ADDRESS **GRADY, DENNIS**
CITY-ST-ZIP **3856 PARTRIDGE PLACE, S
BOYNTON BEACH FL 33436**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **AT**
STREET ADDRESS **MCDONALD, JOSEPH**
CITY-ST-ZIP **3518 ROYAL TERN CIRCLE
BOYNTON BEACH FL 33436**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Executive
Vice President 4/26/02 561-737-5100**

Date

Daytime Phone #

CR2E037 (9/01)