SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

1-2

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741852 (8)

1. Corporation Name
QUAIL RIDGE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business
3501 QUAIL RIDGE BLVD
MELBOURNE FL 32935

Mailing Address
3501 QUAIL RIDGE BLVD
MELBOURNE FL 32935

3. Date Incorporated or Qualified: 03/01/1978
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-1819679 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ERICKSON, MARGOT
3459 QUAIL COURT
MELBOURNE FL 32935

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MCCRAE, JOSEPH R	
STREET ADDRESS	3441 SPARROW COURT	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	VD	☒ DELETE
NAME	MUNTON, ELEANOR	
STREET ADDRESS	3437 PARTRIDGE CT.	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	TD	☒ DELETE
NAME	LEY, BETTY R	
STREET ADDRESS	3490 QUAIL COURT	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	☐ DELETE
NAME	ERICKSON, MARGOT	
STREET ADDRESS	3459 QUAIL COURT	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	☒ DELETE
NAME	BLACK, CALVIN D	
STREET ADDRESS	3438 PARTRIDGE CT.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	☒ DELETE
NAME	PATERNO, PAT	
STREET ADDRESS	3443 SANDPIPER COURT	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	☒ Change ☐ Addition
1.2 NAME	Intragila, Corrado M	
1.3 STREET ADDRESS	3472 Pheasant Ct.	
1.4 CITY-ST-ZIP	Melbourne, FL 32935	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Hall, Robert	
2.3 STREET ADDRESS	3442 Pheasant Ct	
2.4 CITY-ST-ZIP	Melbourne, FL 32931	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	Godard, Mona	
3.3 STREET ADDRESS	3439 Quail Ct.	
3.4 CITY-ST-ZIP	Melbourne, FL 32931	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	Bardsley, Dale	
4.3 STREET ADDRESS	3441 Quail Ct.	
4.4 CITY-ST-ZIP	Melbourne, FL. 32935	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Henry, Judith	
5.3 STREET ADDRESS	3480 Pheasant Ct.	
5.4 CITY-ST-ZIP	Melbourne, FL 32931	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Kelly, Byron	
6.3 STREET ADDRESS	3455 Sparrow Ct.	
6.4 CITY-ST-ZIP	Melbourne, FL. 32931	

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/2/96 (407) 242-1797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Corrado M. Intragila

741852

2-2

GREAT WESTERN BANK GW

A Federal Savings Bank

1990 West New Haven Avenue, Suite 301 • Melbourne, Florida 32904

Box 13 Cont.

D

Heacox, Doris

3462 Sparrow Ct

Melbourne, FL 32935

☒ Additions

D

Brown, Jacqueline

3435 Sparrow Ct

Melbourne, FL 32935

☐ Addition

MORTGAGE LOAN CONSULTANT
BECKY SZYMANSKI
1019

BUSINESS: (407) 984-2300
PAGER: (407) 456-1789
FAX: (407) 984-2881