

FILE NOW: FILING FEE IS \$61.25

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Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741852** (8)

1. Corporation Name

**QUAIL RIDGE HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3501 QUAIL RIDGE BLVD  
MELBOURNE FL 32905**

**3501 QUAIL RIDGE BLVD  
MELBOURNE FL 32905**



3. Date Incorporated or Qualified

**03/01/1978**

4. FEI Number

**59-1819679**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**% REINMAN, JAMES L  
REINMAN & WATTWOOD, P.A.  
1825 S. RIVERVIEW DRIVE  
MELBOURNE FL 32901**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TS** ☐ DELETE  
NAME **INTREGILA CORRADO M**  
STREET ADDRESS **3472 PHEASANT CT**  
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE **VP** ☐ Change ☒ Addition  
1.2 NAME **Dennis Fairbanks**  
1.3 STREET ADDRESS **3467 Partridge Ct.**  
1.4 CITY-ST-ZIP **Melbourne FL 32935**

TITLE **P** ☐ DELETE  
NAME **HALL, ROBERT**  
STREET ADDRESS **3442 PHEASANT CT**  
CITY-ST-ZIP **MELBOURNE FL**

2.1 TITLE **Dir.** ☐ Change ☒ Addition  
2.2 NAME **Dolores Cooney**  
2.3 STREET ADDRESS **3443 Partridge**  
2.4 CITY-ST-ZIP **Melbourne FL 32935**

TITLE **D** ☒ DELETE  
NAME **GODARD MONA R**  
STREET ADDRESS **3439 QUAIL COURT**  
CITY-ST-ZIP **MELBOURNE FL**

3.1 TITLE **Dir.** ☐ Change ☒ Addition  
3.2 NAME **Joannette Doyle**  
3.3 STREET ADDRESS **3426 Pheasant Ct**  
3.4 CITY-ST-ZIP **Melbourne FL 32935**

TITLE **D** ☒ DELETE  
NAME **KREHAN JOSEPH**  
STREET ADDRESS **2471 PHEASANT CT**  
CITY-ST-ZIP **MELBOURNE FL**

4.1 TITLE **Dir.** ☐ Change ☒ Addition  
4.2 NAME **Farrok Amini**  
4.3 STREET ADDRESS **3447 Pheasant Ct**  
4.4 CITY-ST-ZIP **Melbourne FL 32935**

TITLE **VP** ☒ DELETE  
NAME **HENRY, JUDITH D**  
STREET ADDRESS **3480 PHEASANT CT.**  
CITY-ST-ZIP **MELBOURNE FL**

5.1 TITLE **Dir.** ☐ Change ☒ Addition  
5.2 NAME **Arlene McCrae**  
5.3 STREET ADDRESS **3441 Sparrow Ct.**  
5.4 CITY-ST-ZIP **Melbourne FL 32935**

TITLE **D** ☐ DELETE  
NAME **HEACOX DORIS H**  
STREET ADDRESS **3482 SPARROW CT**  
CITY-ST-ZIP **MELBOURNE FL**

6.1 TITLE **Dir.** ☒ Change ☐ Addition  
6.2 NAME **Judith D Henry**  
6.3 STREET ADDRESS **3480 Pheasant Ct**  
6.4 CITY-ST-ZIP **Melbourne FL 32935**

14. 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 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: *Corrado M. Intregila*

4/7/98 (407) 242-1797

CR2E037 (10/97)