

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

0091237

**DOCUMENT # 741852**

1. Entity Name

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

03-05-2001 90312 005 \*\*\*\*61.25

Principal Place of Business

**3501 QUAIL RIDGE BLVD  
 MELBOURNE FL 32935**

Mailing Address

**3501 QUAIL RIDGE BLVD  
 MELBOURNE FL 32935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1819679**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SOILEAU, JOHN L ESQ.  
 1970 MICHIGAN AVE  
 BLDG C  
 COCOA FL 32922**

7. Name and Address of New Registered Agent

Name **Lynn R. Price, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **1901 Highway A1A, Suite 2**  
 City **Indian Harbour Beach** FL Zip Code **32937**

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 **Lynn R. Price** **LYNN R. PRICE, P.A.** **02/28/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. 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 **TS** ☐ Delete  
 NAME **INTREGILA CORRADO M**  
 STREET ADDRESS **3472 PHEASANT CT**  
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **DS** ☐ Change ☒ Addition  
 NAME **Judy Henry**  
 STREET ADDRESS **3480 Pheasant Ct.**  
 CITY-ST-ZIP **Melbourne, FL 32935**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **Loise Hall**  
 STREET ADDRESS **3442 Pheasant Ct.**  
 CITY-ST-ZIP **Melbourne FL 32935**

TITLE **VP** ☐ Delete  
 NAME **FAIRBANKS, DENNIS**  
 STREET ADDRESS **3467 PARTRIDGE CT**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Rent Watson**  
 STREET ADDRESS **3462 Pheasant Ct.**  
 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **DS** ☒ Delete  
 NAME **COONEY, DELORES**  
 STREET ADDRESS **3443 PARTIDGE**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BLACK, BARBARA**  
 STREET ADDRESS **3426 PHEASANT CT**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **HEACOX DORIS H**  
 STREET ADDRESS **3462 SPARROW CT**  
 CITY-ST-ZIP **MELBOURNE FL**

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]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/01 (321) 242-1797**  
 Date Daytime Phone #

CR2E037 (10/00)