## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#741852**

FILED Mar 23, 2009 Secretary of State

Entity Name: QUAIL RIDGE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3501 QUAIL RIDGE BLVD MELBOURNE, FL 32935 **Current Mailing Address: New Mailing Address:** 3501 QUAIL RIDGE BLVD MELBOURNE, FL 32935 FEI Number: 59-1819679 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAIRBANKS, DENNIS 1600 SARNÓ ROAD MELBOURNE, FL 32935 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete ZRUDLO, JIM FAIRBANKS, DENNIS Name: Name: 3449 PARTRIDGE CT Address: 3467 PARTRIDGE CT Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32935 Title: ( ) Delete Title: (X) Change ( ) Addition JONES, JIM Name: GODARD, MONA Name: Address: 3491 PUEASANT CT Address: 3439 QUAIL CT City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32935 Title: () Delete Title: (X) Change ( ) Addition FAIRBANKS, DENNIS HENRY, JUDY Name: Name: 3480 PHEASANT CT Address: 3467 PARTRIDGE CT Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32935 ( ) Delete Title: Title: () Change () Addition CUNNINGHAM, DONNA Name: Name: 3431 PUEASANT CT Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: () Delete Title: () Change () Addition HALL, ROBERT Name: Name: 3430 SANDRPIPER CT Address: Address: MELBOURNE, FL 32935 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition TARGUM, SHERRY R Name: Name: Address: 341 QUAIL CT Address: MELBOURNE, FL 32935 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. SHERRY TARGUM TREA 03/23/2009