

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

0048973

03-31-2002 90367 012 \*\*\*\*61.25

**DOCUMENT # 757506**

1. Entity Name

**QUAIL FOREST CLUSTER HOMES IMPROVEMENT ASSOCIATI  
ON UNIT ONE, INC.**

Principal Place of Business

Mailing Address

C/O INFINITI PROPERTY MANAGEMENT INC.  
1301 SEMINOLE BLVD #110  
LARGO FL 33770  
US

C/O INFINITI PROPERTY MANAGEMENT INC.  
1301 SEMINOLE BLVD #110  
LARGO FL 33770  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2085848**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INFINITI PROPERTY MANAGEMENT INC.  
1301 SEMINOLE BLVD  
STE 110  
LARGO FL 33770

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 \$61.25**

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 **VD**  Delete  
NAME **THORPE, JAMES**  
STREET ADDRESS **180 JAMES COURT**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD**  Delete  
NAME **RAMSDELL, ARTHUR**  
STREET ADDRESS **110 GRETCHEN COURT**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **V/D**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **BOYTON, ROBERT**  
STREET ADDRESS **90 JOANNE PLACE**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **P/D**  Change  Addition  
NAME **KOOS, LEE**  
STREET ADDRESS **150 LESLEY LANE**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **D**  Delete  
NAME **FAVA, AL**  
STREET ADDRESS **40 KAY COURT**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **MORRISON, SCOTT**  
STREET ADDRESS **170 GRETCHEN COURT**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **NECHAMKIN, NICK**  
STREET ADDRESS **240 GRETCHEN COURT**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **T/D**  Change  Addition  
NAME **SMITH, MARGARET**  
STREET ADDRESS **130 GRETCHEN COURT**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

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:

*Margaret A. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Smith

Date

3/20/02

Daytime Phone #

(727) 785-5437

CR2E037 (9/01)

Attachment # 757506

QUAIL FOREST CLUSTER HOMES IMPROVEMENT ASSOCIATION UNIT ONE, INC.

353089

DOCUMENT # 757506

ADDITIONS TO OFFICERS AND DIRECTORS IN 10

S/D  
HERBST, MARILYN  
50 GRETCHEN COURT  
OLDSMAR, FL 34677

D  
BARR, CHRISTINE  
150 DALE PLACE  
OLDSMAR, FL 34677