2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # 757506** 1. Entity Name 04-25-2005 90231 021 ****61 25 QUAIL FOREST CLUSTER HOMES IMPROVEMENT ASSOCIATION UNIT ONE, INC. Principal Place of Business Mailing Address C/O INFINITI PROPERTY MANAGEMENT INC. C/O INFINITI PROPERTY MANAGEMENT INC. 4**0043680** 1301 SEMINOLE BLVD #110 1301 SEMINOLE BLVD #110 **LARGO FL 33770** LARGO FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEt Number 59-2085848 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INFINITI PROPERTY MANAGEMENT IN.C. Street Address (P.O. Box Number is Not Acceptable) 1301 SEMINOLE BLVD **STE 110** LARGO FL 33770 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to Due By May 1, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State --- Jy may 1, 2003 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ITD v/d TITLE M Delete TITLE Change Change **Addition** HERBST, MARILYN NAME METTERLE, EILEEN 50 GRETCHEN CT STREET ADDRESS STREET ADDRESS 120 GEOFFREY COURT OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP OLDSMAR, FL 34677 V/D TΖD 🔀 Delete TITLE TITLE Change **Addition** RAMSDELL, ARTHUR BAILEY, KATHY NAME 110 GRETCHEN COURT 180 JOANNE PLACE STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP OLDSMAR, FL 34677 SD TITLE Defete Change **X** Addition TITLE FISLER, HARRY NAME NAME RAMSDELL, ARTHUR 625 HICKORYNUT AVE STREET ADDRESS STREET ADDRESS 110 GRETCHEN COURT OLDSMAR FL 34677 CITY-ST-7IP CITY-ST-ZIP OLDSMAR, FL 34677 TITLE ☐ Delete HHE ☐ Change Addition REBHOLZ, ANNA NAME NAME 30 GRETCHEN COURT STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP TITLE Z-Delete THLE ☐ Change ☐ Addition ZOHOURI, MICHEL MAME NAME **620 HICKORYNUT AVE** STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition BOYTON, ROBERT NAME NAME 90 JOANNE PLACE STREET ADDRESS STREET ADDRESS

hereby certify that the information supplied with this filing cloes 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 of 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

OLDSMARTFL 34677

Robert Boyton SIGNATURE AND TYPED OR GNING OFFICER OR DIRECTOR

(727) 787-6966

FILED