


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90125 016 \*\*\*\*61.25

**DOCUMENT # 757506**

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



Principal Place of Business  
**C/O INFINITI PROPERTY MANAGEMENT INC.  
1301 SEMINOLE BLVD #110  
LARGO FL 33770  
US**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2085848** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**INFINITI PROPERTY MANAGEMENT INC.  
1301 SEMINOLE BLVD  
STE 110  
LARGO FL 33770**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THORPE, JAMES</b> <b>180 JAMES COURT</b> <b>OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>RAMSDELL, ARTHUR</b> <b>110 GRETCHEN COURT</b> <b>OLDSMAR FL 34677</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>KOOS, LEE</b> <b>150 LESLEY LANE</b> <b>OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FAVA, AL</b> <b>40 KAY COURT</b> <b>OLDSMAR FL 34677</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORRISON, SCOTT</b> <b>170 GRETCHEN COURT</b> <b>OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>SMITH, MARGARET</b> <b>130 GRETCHEN CT</b> <b>OLDSMAR FL 34677</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>HERBST, MARILYN</b> <b>50 GRETCHEN COURT</b> <b>OLDSMAR, FL 34677</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>FISLER, HARRY</b> <b>625 HICKORYNUT AVE.</b> <b>OLDSMAR, FL 34677</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZOHOURI, MICHEL</b> <b>620 HICKORYNUT AVE.</b> <b>OLDSMAR, FL 34677</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marilyn Herbst* **Marilyn Herbst** 3/19/03 (727) 785-1719

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E037 (10/02)

# Attachment

10044335

# 757506

QUAIL FOREST CLUSTER HOMES IMPROVEMENT ASSOCIATION, INC.

DOCUMENT #757506

ADDITIONS TO OFFICERS AND DIRECTORS IN 10

D  
REBHOLZ, ANNA  
30 GRETCHEN COURT  
OLDSMAR, FL 34677

D  
WEISS, SEYMOUR  
100 JAMES COURT  
OLDSMAR, FL 34677