

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90092 044 ****70.00

DOCUMENT # 761248
 1. Entity Name
 QUAIL RUN CONDOMINIUM ASSOCIATION OF HILLSBOROUGH COUNTY, INC.



Principal Place of Business
 16105 N. FLORIDA AVE
 SUITE A
 LUTZ, FL 33549-6161

Mailing Address
 16105 N. FLORIDA AVE
 SUITE A
 LUTZ, FL 33549-6161

50033524



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

03042005 Chg-NP CR2E037 (10/03)

City & State Zip Country

4. FEI Number 59-2249644 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 SPIVEY, WILLIAM C
 16105 N. FLORIDA AVE
 SUITE A
 LUTZ, FL 33549-6161

7. Name and Address of New Registered Agent
 Name **STEVEN MEZER**
 Street Address (P.O. Box Number is Not Acceptable) **220 S. FRANKLIN**
 City **TAMPA** FL Zip Code **33602**

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]* **STEVEN H. MEZER** DATE **3/17/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

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	SD YURCUS, GLORIA 15431 POND WOODS DR. TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCMAHON, JOHN 15404 POND WOODS DR E. TAMPA, FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNINGHAM, BILL 15412 POND WOODS DR W. TAMPA, FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOCUM, RANDEE 15236 POND WOODS DR E. TAMPA, FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUNSCH, MARIE 15230 POND WOODS DR. TAMPA, FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- PIDWINSKI, LAWRENCE 15222 POND WOODS DR E. TAMPA, FL 33618	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, CHET 16105 N. FLORIDA #A LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 16105 N. FLORIDA #A LUTZ, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 16105 N. FLORIDA #A LUTZ, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 16105 N. FLORIDA #A LUTZ, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 16105 N. FLORIDA #A LUTZ, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 16105 N. FLORIDA #A LUTZ, FL 33549	<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: *[Signature]* **WILLIAM CUNNINGHAM** DATE **3/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #