

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 768379 (0)

1. Corporation Name
QUAIL MEADOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O CONCEPT MANAGEMENT SERVICE
7136 SE OSPREY ST
HOBE SND FL 33466**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/10/1983** 3a. Date of Last Report **04/05/1994**

4. FEI Number **59-2290112** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CORNETT, JANE L. ESQ.
WACKEN CORNETT & GOODE, P.A.
401 EAST OSCEOLA ST. 1ST FL
STUART FL 34985**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **KRUEGER, ROBERT**
STREET ADDRESS **3545E SW QUAIL MEADOW TRAIL**
CITY - ST - ZIP **PALM CITY FL**
TITLE TD
NAME **WHITLOCK, H.D.**
STREET ADDRESS **3744E SW QUAIL MEADOW TRAIL**
CITY - ST - ZIP **PALM CITY FL**
TITLE D
NAME **VINCENZO, NICHOLAS**
STREET ADDRESS **3625F SW QUAIL MEADOW TRAIL**
CITY - ST - ZIP **PALM CITY FL**
TITLE VD
NAME **MARCHIANO, HARRY**
STREET ADDRESS **3545-C SW QUAIL MEADOW TRAIL**
CITY - ST - ZIP **PALM CITY FL**
TITLE D
NAME **LANGILL, RUSSELL**
STREET ADDRESS **3545-D SW QUAIL MEADOW TRAIL**
CITY - ST - ZIP **PALM CITY FL**
TITLE SD
NAME **BEITEL, JANE**
STREET ADDRESS **3624-E SW QUAIL MEADOW TRAIL**
CITY - ST - ZIP **PALM CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
NAME **ZALBEN, JERALD**
1.2 STREET ADDRESS **3665F SW QUAIL MEADOW TRAIL**
1.3 CITY - ST - ZIP **PALM CITY, FL 34990**
2.1 TITLE Change Addition
2.2 NAME **KRUEGER, ROBERT**
2.3 STREET ADDRESS **3545E SW QUAIL MEADOW TRAIL**
2.4 CITY - ST - ZIP **PALM CITY, FL 34990**
3.1 TITLE Change Addition
3.2 NAME **RAYMOND, EUGENE**
3.3 STREET ADDRESS **3131 SW MARTIN DOWNS BLVD #301**
3.4 CITY - ST - ZIP **PALM CITY, FL 34990**
4.1 TITLE Change Addition
4.2 NAME **MARCHIANO, HARRY**
4.3 STREET ADDRESS **3545C SW QUAIL MEADOW TRAIL**
4.4 CITY - ST - ZIP **PALM CITY, FL 34990**
5.1 TITLE Change Addition
5.2 NAME **TORCELLINI, GINO**
5.3 STREET ADDRESS **3545B SW QUAIL MEADOW TRAIL**
5.4 CITY - ST - ZIP **PALM CITY, FL 34990**
6.1 TITLE Change Addition
6.2 NAME **S/D GOODMAN, MARGARET**
6.3 STREET ADDRESS **3744B SW QUAIL MEADOW TRAIL**
6.4 CITY - ST - ZIP **PALM CITY, FL 34990**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jane L. Cornett* **4/13/95** **407-790-6467**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #