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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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

C/O CONCEPT MANAGEMENT SERVICE  
7136 SE OSPREY ST  
HOBE SND FL 33466

3. Date Incorporated or Qualified  
05/10/1983

3a. Date of Last Report  
04/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

59-2290112

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORNETT, JANE L. ESQ.  
WACKEEN CORNETT & GOOGE, P.A.  
401 EAST OSCEOLA ST. 1ST FL  
STUART FL 34995

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME ZALBEN, JERALD  
STREET ADDRESS 3665F SW QUAIL MEADOW TRAIL  
CITY-ST-ZIP PALM CITY FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME KRUEGER, ROBERT  
STREET ADDRESS 3545E SW QUAIL MEADOW TRAIL  
CITY-ST-ZIP PALM CITY FL

2.1 TITLE SD  Change  Addition  
2.2 NAME RAVE, WILLIAM  
2.3 STREET ADDRESS 3625D SW QUAIL MEADOW TRAIL  
2.4 CITY-ST-ZIP PALM CITY, FL 34990

TITLE D  DELETE  
NAME RAYMOND, EUGENE  
STREET ADDRESS 3131 SW MARTIN DOWNS BLVD #301  
CITY-ST-ZIP PALM CITY FL

3.1 TITLE D  Change  Addition  
3.2 NAME CUMMINGS, JOEL  
3.3 STREET ADDRESS 3784B SW QUAIL MEADOW TRAIL  
3.4 CITY-ST-ZIP PALM CITY, FL 34990

TITLE D  DELETE  
NAME MARCHIANO, HARRY  
STREET ADDRESS 3545C SW QUAIL MEADOW TRAIL  
CITY-ST-ZIP PALM CITY FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME TORCELLINI, GINO  
STREET ADDRESS 3545B SW QUAIL MEADOW TRAIL  
CITY-ST-ZIP PALM CITY FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME GOODMAN, MARGARET  
STREET ADDRESS 3744B SW QUAIL MEADOW TRAIL  
CITY-ST-ZIP PALM CITY FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *GINO TORCELLINI*  
Signature, typed or printed name of signing officer or director  
Date 2-10-97  
Filing Phone # (561) 576-4926

CR2E037 (9/96)