1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768379

1. Corporation Name

QUAIL MEADOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business C/O ADVANTAGE PROPERTY MGMT 1274 NE BUSINESS PARK PL JENSEN BEACH FL 34957

2. Principal Place of Business

Mailing Address

2a. Mailing Address

C/O ADVANTAGE PROPERTY MGMT 1274 NE BUSINESS PARK PL JENSEN BEACH FL 34957

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FILED Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90001 010 ****61.25

3. Date Incorporated or Qualifed

05/10/1983

0 2 0	4 4	Suite Ant # atc	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number	And	olied For	
Suite, Apt. #, etc. 22 \(\x \		Suite, Apt. #, etc.		59-2290112	 '-'	Applicable		
City & State		City & State		***	is a visit to the Desiret of	\$8.75 A	dditional	
3 FLO		28 KLONIAA		5. Certificate of Status Desired	Fee Rec	quired		
Zip Country Zip			Country		6. Election Campaign Financing	\$5.00	May Be	
3495	7 25 USA	29 34957 30			Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Register	ed Agent		
			81	Name				
CORNETT, JANE L. ESQ.				82 Street Address (P.O. Box Number is Not Acceptable)				
WACKEEN CORNETT & GOOGE, P.A.				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
401 EAST OSCEOLA ST. 1ST FL								
STUART FL 34995				Oit.		85 Zip C	`ode	
310ANI FE 34333				City	· · · · · · · · · · · · · · · · · · ·		7000	
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		13.	. Jugitation of the	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	SD	DELETE 1.		· I	20	Change	 Addition	
NAME	REED, ORENE		12 NAME (2)		a.120 0: 6:11			
STREET ADDRESS	ATTAL E ONE OLIAN ANEADOM TONI			ADDRESS	Belton, Bill 3544 Meadow Trail	ı		
					Palm city, Pl	-		
CITY-ST-ZIP TITLE	VD ACTIVE S4590		1.4 CITY-\$1 2.1 TITLE	-211	VP	Change	(a) Addition	
ì	· · · · · · · · · · · · · · · · · · ·	A	2.2 NAME	1	A \ A		_	
NAME	RAVE, WILLAM		2.3 STREET	ADDOCES	3704 E SW Quail Meadow Tro	t_3		
STREET ADDRESS	3625D SW QUAIL MEADOW TR				Palm City, FL			
CITY-ST-ZIP	PALM CITY FL	☐ DELETE	2.4 CITY-S 3.1 TITLE	T-ZIP	rain city, PC	☐ Change	Addition	
TITLE			3.2 NAME	.				
NAME j					← . –	-		
STREET ADDRESS				ADORESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		☐ Change	Addition	
TITLE			4.1 TITLE					
NAME	HYTINEN, WILLIAM	н	4. 2 NAME					
STREET ADDRESS	3625E SW QUAIL MEADOW TRA	iL	4.3 STREET	- 1				
CITY-ST-ZIP	PALM CITY FL 34990	X DELETE	4.4 CITY-ST 5.1 TITLE	r-ZIP		Change	Addition	
TITLE	TOPOCCU INIL CINO	<u> </u>		1	wn: Hock, for	C) Citaligo	LE FILLOWOT	
NAME	TORCELLINI, GINO		5.2 NAME 5.3 STREET	. ADDDESS	37448 SW Quail Meadow Tra	Λ		
STREET ADDRESS	3545B SW QUAIL MEADOW TRA	iL				•		
CITY-ST-ZIP	PALM CITY FL	□ SELET#	5.4 CITY-\$1 6.1 TITLE	1-419	Palm City, FL	Change	☐ Addition	
TITLE	PD	☐ DELETÉ	****			- Cusude		
NAME	GOODMAN, MARGARET		6.2 NAME					
STREET ADDRESS	3744B SW QUAIL MEADOW TRA	JL	6.3 STREET				:	
CITY-ST-ZIP	PALM CITY FL		6.4 CITY-ST			**************		
14. I hereby o	certify that the information supplied with	this filing does not qualify for the	e exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the ir	ntormation	

4. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

561 223 9273

Daytime Phone

K2EU3/ (11/98)