2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State
03-08-2000 90043 031 ****61.25

DOCUMENT # 768379

1. Entity Name

QUAIL MEADOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SIGNATURE PROP MGMT 666 NE DIXIE HWY JENSEN BEACH FL 34957 US	C/O SIGNATURE PROP MGMT 666 NE DIXIE HWY JENSEN BEACH FL 34957-6157 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. 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	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.

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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REED, ORENE 3704 E SW QUAIL MEADOW TRAIL PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEACH, SHEILA 3624 B S.W. QUAIL MEADOW TRAIL PALM CITY, FL. 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REED, ORENE 3544B SW QUAIL MEADOW TRAIL PALM CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEDERSON, AMD 3585 C SW QUAIL MEADOW TRAIL PALM CITY, FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUMMINGS, JOEL 3784B SW QUAIL MEADOW TR PALM CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HYTINEN, WILLIAM 3625E SW QUAIL MEADOW TRAIL PALM CITY FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEDERSON, ERIC 3525 C SW QUAIL MEADOW TRAIL PALM CITY, FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WHITLOCK, DAN 3744E SW QUIL MEADOW TR PALM CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUTLER, MICHAEL 3704 C SW QUAIL MEADOW TRAIL PALM CITY, FL 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOODMAN, MARGARET 3744B SW QUAIL MEADOW TRAIL PALM CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED 3-3-00 561-225-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #