

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90004 003 ****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
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O JAKAB MANAGEMENT

C/O JAKAB MANAGEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

666 NE DIXIE HWY

PO BOX 111

JENSEN BEACH FL 34957

JENSEN BEACH FL

4. FEI Number **59-2290112**

Applied For
 Not Applicable

Zip

Country

Zip

Country

34957

MARTIN

34957

MARTIN

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.
 WACKEN 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 LEACH, SHELIA 3624-B SW QUAIL MEADOW TR PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAIR, BARBARA 3624-D SW QUAIL MEADOW TRAIL PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUMMINGS, JOEL 3784B SW QUAIL MEADOW TR PALM CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEDERSON, PEBO 3525 C SW QUAIL MEADOW TRAIL PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, DONALD 3505-A SW QUAIL MEADOW TRAIL PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODMAN, MARGARET 3744B SW QUAIL MEADOW TRAIL PALM CITY FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input type="checkbox"/> Change <input checked="" 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: X *Margaret Goodman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)