

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90164 017 ****61.25



DOCUMENT # 768379			
1. Entity Name QUAIL MEADOW HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O JAKAB MANAGEMENT 666 NE DIXIE HWY JENSEN BEACH FL 34957 US		Mailing Address C/O JAKAB MANAGEMENT 666 NE DIXIE HWY JENSEN BEACH FL 34957 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40020007



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2290112		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JAKAB, JOSEPH J LCAM 666 NE DIXIE HWY JENSEN BEACH FL 34957		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEENEY, MARY		NAME	PETTY, LENDAE	
STREET ADDRESS	3785E SW QUAIL MEADOW TR.		STREET ADDRESS	SW QUAIL MEADOW TRAIL	
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP	PALM CITY, FL. 34990	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAIR, BARBARA		NAME	MARTIN, ANTHONY	
STREET ADDRESS	3624-D SW QUAIL MEADOW TRAIL		STREET ADDRESS	SW QUAIL MEADOW TRAIL	
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP	PALM CITY, FL. 34990	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASS, NINA		NAME	FARQUHAR, NANCY	
STREET ADDRESS	3525 C SW QUAIL MEADOW TRAIL		STREET ADDRESS	SW QUAIL MEADOW TRAIL	
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT, LOUISE		NAME	PRISCO, ARNOLD	
STREET ADDRESS	3505-A SW QUAIL MEADOW TRAIL		STREET ADDRESS	SW QUAIL MEADOW TRAIL	
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP	PALM CITY, FL. 34990	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODMAN, MARGARET		NAME	BOCKMAN-PEDERSEN, ERIK	
STREET ADDRESS	3744B SW QUAIL MEADOW TRAIL		STREET ADDRESS	SW QUAIL MEADOW TRAIL	
CITY-ST-ZIP	PALM CITY FL		CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: PEBockman on Pedersen _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #