

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

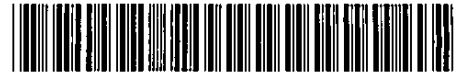
FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90017 004 ****61.25



DOCUMENT # 768379
1. Entity Name
QUAIL MEADOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O JAKAB MANAGEMENT C/O JAKAB MANAGEMENT
666 NE DIXIE HWY 666 NE DIXIE HWY
JENSEN BEACH FL 34957 JENSEN BEACH FL 34957
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
C/O JAKAB MANAGEMENT
PO Box 111

1st MOORE CR2E037 (10/06)

City & State City & State
JENSEN BEACH, FL
Zip Country Zip Country
34958 **USA**

4. FEI Number Applied For
59-2290112 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BONAN, ELIZABETH P ESQ
759 S FEDERAL HWY STE 212
STUART FL 34994

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOFF Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD PETTY, LENORE 3785E SW QUAIL MEADOW TRL PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD MARTIN, ANTHONY 3624-D SW QUAIL MEADOW TRAIL PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD PASS, NINA 3525 C SW QUAIL MEADOW TRAIL PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PRISCO, ARNOLD 3505-A SW QUAIL MEADOW TRAIL PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BOCKMAN -PEDERSEN, ERIK 3744B SW QUAIL MEADOW TRAIL PALM CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD FARQUHAR, NANCY 3525-D SW QUAILMEADOW TR PALM CITY FL 34990	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD CASS, NORMA 3664-D SW QUAIL MEADOW TRAIL PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BOCKMAN - PEDERSEN, ALO 3525 C SW QUAIL MEADOW TRAIL PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD FARQUHAR, NANCY 3744B SW QUAIL MEADOW TRAIL PALM CITY, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Nancy Farquhar Date: 3-29-07 Daytime Phone #: 772-225-5058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR