2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90142 023 ****61.25

DOCUMENT # 768379

1. Entity Name
QUAIL MEADOW HOMEOWNERS ASSOCIATION, INC.

☐ CHECK HERE IF MAKING CHANGES

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

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

CORNETT, JANE L. ESQ.
WACKEEN CORNETT & GOOGE, P.A.
401 EAST OSCEOLA ST. 1ST FL
STUART FL 34995

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: _____
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 Florida 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	☒ Delete	SD FEENEY, MARY 3785E SWQUAIL MEADOW TR. PALM CITY FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAIR, BARBARA 3624-D SW QUAIL MEADOW TRAIL PALM CITY FL 34990	☐ Delete	VO	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUMMINGS, JOEL 3784B SW QUAIL MEADOW TR PALM CITY FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEDERSON, PEBO 3525 C SW QUAIL MEADOW TRAIL PALM CITY FL 34990	☐ Delete	TO PEDERSEN, ERIK	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, DONALD 3505-A SW QUAIL MEADOW TRAIL PALM CITY FL 34990	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOODMAN, MARGARET 3744B SW QUAIL MEADOW TRAIL PALM CITY FL	☐ Delete	PD	☒ Change ☐ Addition

CR2E037 (10/02)

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: Margaret Goodman MARGARET GOODMAN 3/5/03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE