2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74343

FILED Jan 16, 2006 Secretary of State

Entity Name: QUAIL HOLLOW GOLF AND COUNTRY CLUB, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
6225 OLD PASCO RO WESLEY CHAPEL, FL		US			
Current Mailing Add	ress:		New Mailing Address	:	
6225 OLD PASCO RO WESLEY CHAPEL, FL		US			
FEI Number: 59-3010002	FEI Nu	ımber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DOH, JOANNA 6225 OLD PASCO RD WESLEY CHAPEL, FL		US			
The above named entiin the State of Florida.	ty submits	this statement for the	nurnose of changing its registered	Laffice or registered agent or both	
in the clate of Florida.	•	and diatement for the	purpose of changing its registered	roffice of registered agent, or both,	
			purpose of changing its registered	ronice or registered agent, or both,	
SIGNATURE:		ature of Registered Ag		Date	
SIGNATURE:Electi	ronic Signa	ature of Registered Ag			
SIGNATURE:Electi	ronic Signa	ature of Registered Ag	ent		
SIGNATURE:	ronic Signa cing Trust Fi ECTORS: () Delete NA PASO RD.	ature of Registered Agund Contribution ().	ent ADDITIONS/CHANGE	Date	
Election Campaign Finance OFFICERS AND DIRE Title: PS Name: DOH, JOANN Address: 6225 OLD P City-St-Zip: WESLEY Ch	ronic Signa cing Trust Fi ECTORS: () Delete NA PASO RD. HAPEL, FL 3 () Delete RD PASCO RD	ature of Registered Agund Contribution ().	ent ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNA DOH PRES 01/16/2006