

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007256

1. Entity Name

QUAIL VALLEY LOT OWNERS ASSOCIATION, INC.



Principal Place of Business

301 N U.S. HWY 27 STE G
CLERMONT, FL 34711

Mailing Address

301 N U.S. HWY 27 STE G
CLERMONT, FL 34711



04252006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

91-2084459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAMMON, FRANK M
301 N U.S. HWY 27 STE G
CLERMONT, FL 34711

**DO NOT WRITE
IN THIS SPACE**

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 restating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	
NAME	GAMMON, FRANK M	
STREET ADDRESS	301 N U.S. HWY 27 STE G	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	DST	
NAME	NORTHCUTT, SUSAN	
STREET ADDRESS	301 N U.S. HWY 27 STE G	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	
NAME	BEATY, FRANK	
STREET ADDRESS	301 N U.S. HWY 27 STE G	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000550422
05/13/06-80057-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Frank Gammon 4/27/06 (352) 394-8215