


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90037 011 ***122.50


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1. Entity Name
 QUAIL RIDGE VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2181 INDIAN ROCKS RD. S. SUITE 1 LARGO, FL 33774	Mailing Address 2181 INDIAN ROCKS RD. S. SUITE 1 LARGO, FL 33774
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07272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3019688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNELL, NIKKI
 2181 INDIAN ROCKS RD. S.
 SUITE 1
 LARGO, FL 33774

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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 _____

Filing Fee is \$61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NICHOLAS, GEORGE CASSOWAY LANE SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ACKERSON, BRIAN FLAMINGO PARKWAY SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *George Nicholas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/22/05 Daytime Phone # _____