


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000008123

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**



02222008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3019688

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.76** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

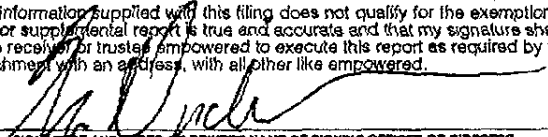
10. OFFICERS AND DIRECTORS

TITLE 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
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 03/07/06-80020-007 61.25

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:  **2/21/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #