

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2004  
Secretary of State**

DOCUMENT# N02000002820

Entity Name: QUAIL OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10233 CYPRESS COVE LN  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

10233 CYPRESS COVE LN  
CLERMONT, FL 34711 US

**New Mailing Address:**

FEI Number: 03-0463194      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANGLEY, RICHARD H  
700 ALMOND ST  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JONES, JON  
Address: 10233 CYPRESS COVE LN  
City-St-Zip: CLERMONT, FL 34711

Title: DV ( ) Delete  
Name: JONES, JON  
Address: 10233 CYPRESS COVE LN  
City-St-Zip: CLERMONT, FL 34711

Title: DST ( ) Delete  
Name: JONES, JOANN  
Address: 10233 CYPRESS COVE LN  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON JONES

DP

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date