


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002820
 1. Entity Name
QUAIL OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
10233 CYPRESS COVE LN **10233 CYPRESS COVE LN**
CLERMONT, FL 34711 US **CLERMONT, FL 34711 US**

DO NOT WRITE IN THIS SPACE



05032005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
03-0463194 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LANGLEY, RICHARD H
700 ALMOND ST
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 _____ 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 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	DP JONES, JON 10233 CYPRESS COVE LN CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JONES, JON 10233 CYPRESS COVE LN CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST JONES, JOANN 10233 CYPRESS COVE LN CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000362979
 05/05/05-80140-013 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Jon Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____