## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002820

FILED Apr 26, 2006 Secretary of State

Entity Name: QUAIL OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10233 CYPRESS COVE LN 158 QUAIL OAKS CIRCLE CLERMONT, FL 34711 US GROVELAND, FL 34736 US

Current Mailing Address: New Mailing Address:

10233 CYPRESS COVE LN 158 QUAIL OAKS CIRCLE CLERMONT, FL 34711 US GROVELAND, FL 34736 US

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

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

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

JONES, BRET
700 ALMOND ST
CLERMONT, FL 34711 US

CLERMONT, FL 34711 US

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: BRET JONES 04/26/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: D (X) Change ( ) Addition Name: JONES, JON Name: ROBERTS, AMANDA

Address: 10233 CYPRESS COVE LN Address: 158 QUAIL OAKS CIRCLE City-St-Zip: CLERMONT, FL 34711 City-St-Zip: GROVELAND, FL 34736

Title: DV ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 JONES, JON
 Name:
 O'CONNOR, KEVIN

 Address:
 10233 CYRPESS COVE LN
 Address:
 102 QUAIL OAKS CIRCLE

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 GROVELAND, FL 34736

Title: DST ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 JONES, JOANN
 Name:
 LANGER, VICTORIA

 Address:
 10233 CYRPESS COVE LN
 Address:
 168 QUAIL OAKS CIRCLE

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: AMANDA ROBERTS D 04/26/2006