


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90169 037 \*\*\*\*61.25

<b>DOCUMENT # N02000002820</b>			
1. Entity Name QUAIL OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 158 QUAIL OAKS CIRCLE GROVELAND, FL 34736 US		Mailing Address 158 QUAIL OAKS CIRCLE GROVELAND, FL 34736 US	
2. Principal Place of Business - No P.O. Box # <i>166 Quail Oaks Circle</i>		3. Mailing Address <i>166 Quail Oaks Circle</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Groveland</i>		City & State <i>Groveland, Florida</i>	
Zip <i>34736</i>	Country <i>Lake</i>	Zip <i>34736</i>	Country <i>Lake</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, BRET 700 ALMOND ST CLERMONT, FL 34711		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, AMANDA 158 QUAIL OAKS CIRCLE GROVELAND, FL 34736 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President O'Connor, Kevin 102 Quail Oaks Circle Groveland, FL 34736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, KEVIN 102 QUAIL OAKS CIRCLE GROVELAND, FL 34736 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <del>aka</del> Langer, Charles 105 Quail Oaks Circle Groveland, FL 34736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGER, VICTORIA 168 QUAIL OAKS CIRCLE GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Langer, Victoria 168 Quail Oaks Circle Groveland, FL 34736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Stacey O'Connor 102 Quail Oaks Circle Groveland, FL 34736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Stacey L. O'Connor</i> , <i>Stacey L. O'Connor</i> 4/5/07 (352) 429-9820			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>