


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

04-27-2007 90180 028 ****61.25

DOCUMENT # N06000004363

1. Entity Name
QUAIL HOLLOW SOCIAL CLUB, INC.



Principal Place of Business
 2051 PIONEER TRAIL #32
 NEW SMYRNA BEACH, FL 32168

Mailing Address
 2051 PIONEER TRAIL #32
 NEW SMYRNA BEACH, FL 32168

66016557



2. Principal Place of Business - No P.O. Box #
 2051 Pioneer Trail #206
 Suite, Apt. #, etc.
 New Smyrna Beach, FL
 City & State

3. Mailing Address
 2051 Pioneer Trail #206
 Suite, Apt. #, etc.
 New Smyrna Beach, FL
 City & State

Zip 32168 Country Volusia Zip 32168 Country Volusia

02182007 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent
 WITTIBSLAGER, PATRICIA
 2051 PIONEER TRAIL #32
 NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent
 Name
 Mulligan, Beverley
 Street Address (P.O. Box Number is Not Acceptable)
 2051 Pioneer Trail #206
 New Smyrna Beach
 City
 FL Zip Code 32168

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 Beverley J. Mulligan, Treasurer *Beverley J. Mulligan* DATE 4/24/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	WILLIAMSON, STANLEY	2051 PIONEER TRAIL #32	NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/>
DV	CLARK, DIXIE	2051 PIONEER TRAIL #32	NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/>
DS	HENDERSON, MARGARET	2051 PIONEER TRAIL #32	NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/>
DT	WITTIBSLAGER, PATRICIA	2051 PIONEER TRAIL #32	NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/>
D	DREW, LOUISE	2051 PIONEER TRAIL #32	NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/>
D	HART, DARLENE	2051 PIONEER TRAIL #32	NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP	HART, DARLENE	2051 PIONEER TRAIL #165	NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/>
DV	WILLIAMSON, STANLEY	2051 PIONEER TRAIL #69	NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/>
DT	MULLIGAN, Beverley	2051 Pioneer Trail #206	New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/>
D	Mooney, Barbara	2051 Pioneer Trail #27	New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/>

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: Beverley J. Mulligan *Beverley J. Mulligan* DATE 4/24/07 386-409-7078

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR