

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90023 022 \*\*\*\*61.25

**DOCUMENT # N06000004363**

1. Entity Name  
**QUAIL HOLLOW SOCIAL CLUB, INC.**

Principal Place of Business Mailing Address  
 2051 PIONEER TRAIL #206 2051 PIONEER TRAIL #206  
 NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number **NO-T APPLICABLE** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**WITTIBSLAGER, PATRICIA**  
 2051 PIONEER TRAIL #206  
 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  
 City New Smyrna Beach 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 Mulligan Beverley Mulligan 2/11/08  
Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMSON, STANLEY 2051 PIONEER TRAIL #69 NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE DV NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Eunice Bertig</u> <u>2051 Pioneer TR #13</u> <u>New Smyrna Beach, FL 32168</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MULLIGAN, BEVERLY 2051 PIONEER TRAIL #2065 NEW SMYRNA BEACH FL 32168 <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	DS HENDERSON, MARGARET 2051 PIONEER TRAIL #32 NEW SMYRNA BEACH FL 32168 <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	D MOONEY, BARBARA 2051 PIONEER TRAIL #27 NEW SMYRNA BEACH FL 32168 <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	D DREW, LOUISE 2051 PIONEER TRAIL #32 NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Ben Gibilato</u> <u>2051 Pioneer Trail #229</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HART, DARLENE 2051 PIONEER TRAIL #165 NEW SMYRNA BEACH FL 32168 <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 Section 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 Mulligan Beverley Mulligan 2/11/08 386-409-7078  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING AGENT OR DIRECTOR