


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N14855 (3)**

**1. Corporation Name**  
QUAIL RUN HOMEOWNERS' ASSOCIATION OF CITRUS COUNTY, INC.



<b>Principal Place of Business</b>	<b>Mailing Address</b>
%GEORGE L. PATTERSON 7981 TENTH AVENUE SOUTH ST. PETERSBURG FL 33707	%GEORGE L. PATTERSON 7981 TENTH AVENUE SOUTH ST. PETERSBURG FL 33707

**3. Date Incorporated or Qualified**  
05/09/1986

<b>4. FEI Number</b> 59-2805081	Applied For
	Not Applicable

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

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

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

**7. Is this nonprofit corporation a homeowners association?**  Yes  No

**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.**  Yes  No

**9. Name and Address of Current Registered Agent**

PATTERSON, GEORGE L.  
7981 TENTH AVENUE SOUTH  
ST. PETERSBURG FL 33707

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

FL

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PATTERSON, GEORGE L. 7981 TENTH AVENUE SOUTH ST. PETERSBURG FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	33707
TITLE	VD PICKLE, HERBERT E. 5850 S.W. 45TH STREET FT. LAUDERDALE FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	5365 STERLING ROAD DAVIE, FL 33314
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD FRASER, LEWIS L. 6300 26TH AVENUE NORTH ST. PETERSBURG FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	33710
TITLE	D PERKINS, RICHARD 1360 E. SILVER THORN LP HERNANDO FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D ASSISTANT SEC. PETER MC PHARLIN
STREET ADDRESS		4.3 STREET ADDRESS	1249 E. SILVER THORN LP
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	D ASSETTA, PETER 1230 E. SILVER THORN LP HERNANDO FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D FIRST V.P. CLAYTON STEWSON
STREET ADDRESS		5.3 STREET ADDRESS	1280 E. SILVER THORN LP
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HERNANDO, FL 34442
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14.** 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *George L. Patterson* **SIGNATURE REQUIRED** *SK* 1/7/98 813/345-3145

CR2E037 (10/97)