

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90083 041 \*\*\*\*61.25

**DOCUMENT # N14855**

1. Entity Name

**QUAIL RUN HOMEOWNERS' ASSOCIATION OF CITRUS COUN**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

*1490 E. RED POLL TR.*

*Box 267*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*HERNANDO, FL*

*HOLDER FL*

4. FEI Number

**59-2805081**

Applied For

Not Applicable

Zip

Country

Zip

Country

*34442*

*CITRUS*

*34445*

*CITRUS*

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

*THOMAS E. PRICE*

Street Address (P.O. Box Number is Not Acceptable)

*1182 E. ORIOLE CT.*

City

*HERNANDO*

**FL**

Zip Code

*34442*

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.

SIGNATURE *THOMAS E. PRICE, PRESIDENT*

*Thomas E Price*

*11/8/01*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, GEORGE L.	
STREET ADDRESS	7981 TENTH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROHLE, BRUNO	
STREET ADDRESS	1211 E. SILVER THORN LP	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	<del>SD</del> SD	<input type="checkbox"/> Delete
NAME	STETSON, CLAYTON	
STREET ADDRESS	1250 E. SILVER THORN LOOP	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	<del>SD</del> TD	<input type="checkbox"/> Delete
NAME	MCPHARLIN, PETER	
STREET ADDRESS	1249 E SILVER THORN LP	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	DAVP	<input checked="" type="checkbox"/> Delete
NAME	DUTTWEILER, RALPH	
STREET ADDRESS	1229 E SILVERTHORN DR	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS E PRICE	
STREET ADDRESS	1182 E ORIOLE CT.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATRICE LIDDLE	
STREET ADDRESS	1239 E SILVER THORN LP	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *THOMAS E PRICE, PRESIDENT*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas E Price 11/8/01*

Date *11/8/01* Day of Month *8* Year *2001*

CR2E037 (10/00)