

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90062 048 ****61.25

0087191

DOCUMENT # N14855

1. Entity Name

QUAIL RUN HOMEOWNERS' ASSOCIATION OF CITRUS COUNTY, INC.

Principal Place of Business

Mailing Address

~~GEORGE L PATTERSON~~
 1490 E REDPOLL TR
 HERNANDO FL 34442

~~GEORGE L PATTERSON~~
 P O BOX 267
 HOLDER FL 34445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2805081

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, THOMAS E
1182 E ORICLE CT
HERNANDO FL 34442

Name

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

City

FL

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.

SIGNATURE

Thomas E Price

2/11/02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	PRICE, THOMAS E	1182 E ORIOLE CT	HERNANDO FL 34442	<input type="checkbox"/>
VD	ROHLE, BRUNO	1211 E. SILVER THORN LP	HERNANDO FL 34442	<input checked="" type="checkbox"/>
SD	STETSON, CLAYTON	1250 E. SILVER THORN LOOP	HERNANDO FL 34442	<input checked="" type="checkbox"/>
TD	MCPHARLIN, PETER	1249 E SILVER THORN LP	HERNANDO FL 34442	<input type="checkbox"/>
ASD	LIDDLE, BEATRICE	1239 E SILVER THORN LP	HERNANDO FL 34442	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VD	MILANA, NATALIE	1297 E ORIOLE COURT	HERNANDO FL 34442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	STERN, LOIS	1325 E BLUEBIRD CT.	HERNANDO FL 34442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS/AT D	STERN, EDGAR	1325 E BLUEBIRD CT	HERNANDO FL 34442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)