

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90026 010 \*\*\*\*61.25



<b>DOCUMENT # N14855</b>				<b>1. Entity Name</b> QUAIL RUN HOMEOWNERS' ASSOCIATION OF CITRUS COUNTY, INC.	
<b>Principal Place of Business</b> 1490 E REDPOLL TR HERNANDO, FL 34442		<b>Mailing Address</b> P O BOX 267 HOLDER, FL 34445			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2805081	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MILANA, NATALIE 1297 E ORIOLE COURT HERNANDO, FL 34442			Name <b>MC PHARLIN, PETER</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>1249 E SILVER THORN LP</b>		
			City <b>HERNANDO</b> FL Zip Code <b>34442</b>		
<b>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.</b>					
SIGNATURE <i>P W McPharlin</i>		DATE <i>3/8/04</i>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TOLLEFSON, ARVID	NAME	NIVER, SANDRA		
STREET ADDRESS	1354 E BLUEBIRD COURT	STREET ADDRESS	7139 N GRACKLE PT		
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP	HERNANDO, FL 34442		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STERN, LOIS	NAME			
STREET ADDRESS	1325 E BLUEBIRD CT	STREET ADDRESS			
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STERN, EDGAR	NAME			
STREET ADDRESS	1325 E BLUEBIRD CT	STREET ADDRESS			
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP			
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MC PHARLIN, PETER	NAME			
STREET ADDRESS	1249 E SILVER THORN LP	STREET ADDRESS			
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MILANA, NATALIE	NAME	LUDWIG, LARRY		
STREET ADDRESS	1297 E ORIOLE COURT	STREET ADDRESS	7119 N GROTON PT		
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP	HERNANDO FL 34442		
TITLE	ASD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIDDLE, BEA	NAME			
STREET ADDRESS	1239 E SILVER THORN LP	STREET ADDRESS			
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP			
<b>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.</b>					
SIGNATURE: <i>P W McPharlin</i>		PETER MC PHARLIN <i>3/8/04</i>		<i>(352) 465 4914</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	