

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14855

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** QUAIL RUN HOMEOWNERS' ASSOCIATION OF CITRUS COUNTY, INC.

**Current Principal Place of Business:**

1490 E REDPOLL TERACE  
HERNANDO, FL 34442

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 267  
HOLDER, FL 34445

**New Mailing Address:**

FEI Number: 59-2805081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSSFELD, WILLIAM  
1249 E. SILVER THORN LOOP  
HERNANDO, FL 34442 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROSSFELD, WILLIAM  
Address: 1249 E. SILVER THORN LOOP  
City-St-Zip: HERNANDO, FL 34442

Title: VPD ( ) Delete  
Name: STERN, EDGAR  
Address: 1325 E BLUEBIRD CT  
City-St-Zip: HERNANDO, FL 34442

Title: TD ( ) Delete  
Name: MEYER, DONALD  
Address: 7120 N GRACKLE POINT  
City-St-Zip: HERNANDO, FL 34442

Title: SD ( ) Delete  
Name: MEYER, KATHLEEN  
Address: 7120 N GRACKLE POINT  
City-St-Zip: HERNANDO, FL 34442

Title: ATD ( ) Delete  
Name: HALL, GLEN  
Address: 1186 BLUEBIRD COURT  
City-St-Zip: HERNANDO, FL 34442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SCHWENKER, WOLFGANG  
Address: 7111 N GRACKLE POINT  
City-St-Zip: HERNANDO, FL 34442

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ROSSFELD

PD

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date