

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 14, 2010
Secretary of State**

DOCUMENT# N14855

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:KNIGHTON, GENE
7149 N. GRACKLE PT.
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
Name: KNIGHTON, GENE
Address: 7149 N. GRACKLE PT.
City-St-Zip: HERNANDO, FL 34442Title: VPD
Name: RIVET, INA
Address: 7160 N. GRACKLE PT.
City-St-Zip: HERNANDO, FL 34442Title: TD
Name: SCHWENKER, WOLFGANG
Address: 7111 N GRACKLE PT.
City-St-Zip: HERNANDO, FL 34442Title: SD
Name: MEYER, KATHLEEN
Address: 7120 N GRACKLE POINT
City-St-Zip: HERNANDO, FL 34442Title: D
Name: STERN, ED
Address: 1325 E BLUEBIRD CT
City-St-Zip: HERNANDO, FL 34442

I hereby 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 all other like empowered.

SIGNATURE: GENE KNIGHTON

PD

05/14/2010

Electronic Signature of Signing Officer or Director

Date