


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17029 (2)
1. Corporation Name
QUAIL POINT OF SUNTREE, INC.



Principal Place of Business Mailing Address
617 MIMOSA COURT MELBOURNE FL 32940

3. Date Incorporated or Qualified
09/29/1986
4. FEI Number
59-2766631
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SABELLI, ANN
6939 N. WICKHAM ROAD
MELBOURNE FL 32940

10. Name and Address of New Registered Agent
81 Name Francis Stewart
82 Street Address (P.O. Box Number is Not Acceptable)
6939 N. Wickham Road
83
84 City Melbourne FL 85 Zip Code 32940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* *[Signature]* *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MARSHALL, DOROTHY 620 MIMOSA COURT MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD PONTIUS, DON 810 WILLOW CREEK LANE MELBOURNE, FL 32940
TITLE	TD MCKEE, DOROTHY 801 WILLOW CREEK LANE MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD ROPER, GEORGE 830 WILLOW CREEK LANE MELBOURNE, FL 32940
TITLE	COTD CRANE, DARYL 819 WILLOW CREEK LANE MELBOURNE FL 32940	<input type="checkbox"/> DELETE	3.1 TITLE PD CRANE, CRANE 819 WILLOW CREEK LANE MELBOURNE, FL 32940
TITLE	D ELDEN, WALT 611 MIMOSA COURT MELBOURNE FL 32940	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD BEUCKER, LOUISE 807 WILLOW CREEK LANE MELBOURNE, FL 32940
TITLE	D GRIMES, WAYNE 814 WILLOW CREEK LANE MELBOURNE FL 32940	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D BRUBAKER, ROGER 821 WILLOW CREEK LANE MELBOURNE, FL 32940
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Roper *[Signature]* 4/14/98 407-259-2931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone * 0018674

CR2E037 (10/97)