



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

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90040 044 ****61.25

DOCUMENT # N17029							
1. Entity Name QUAIL POINT OF SUNTREE, INC.							
Principal Place of Business 617 MIMOSA COURT MELBOURNE, FL 32940			Mailing Address 617 MIMOSA COURT MELBOURNE, FL 32940				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2766631	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KEN HARRIS & ASSOCIATES 526 BREVARD AVENUE COCOA, FL 32922			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLFE, FREDRICK		NAME				
STREET ADDRESS	830 WILLOW CREEK LANE		STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLOMSTROM, RICHARD		NAME	CRANE, DARYL			
STREET ADDRESS	820 WILLOW CREEK LANE		STREET ADDRESS	819 WILLOW CREEK LANE			
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	MELBURNE, FL 32940			
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLFE, SHIRLEY		NAME				
STREET ADDRESS	830 WILLOW CREEK LANE		STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUBAKER, ROGER		NAME				
STREET ADDRESS	821 WILLOW CREEK LANE		STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARROUET, PATRICIA		NAME				
STREET ADDRESS	813 WILLOW CREEK LANE		STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 		Roger Brubaker, Treasurer		January 22, 2004 321-259-7366			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			