


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90126 026 ****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 re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME WOLFE, FREDRICK STREET ADDRESS 830 WILLOW CREEK LANE CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE PD NAME BOUDREAU, NORMAN STREET ADDRESS 811 WILLOW CREEK LANE CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME BOUDREAU, NORMAN STREET ADDRESS 811 WILLOW CREEK LANE CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME De ANGELIS, ALFRED STREET ADDRESS 804 WILLOW CREEK LANE CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME GIACCO, J STREET ADDRESS 832 WILLOW CREEK LANE CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BRUBAKER, ROGER STREET ADDRESS 821 WILLOW CREEK LANE CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE TD NAME KLOBUCAR, FRANK STREET ADDRESS 822 WILLOW CREEK LANE CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HARRIS, JO ANN STREET ADDRESS 834 WILLOW CREEK LANE CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Frank E Klobucar</i>		3/14/06 321-253-0079	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

FRANK E. KLOBUCAR