

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N30361 (2)

1. Corporation Name
QUAL RIDGE MASTER ASSOCIATION, INC.



Principal Place of Business: 12830 SHADY HILLS RD SPRING HILL FL 34610
Mailing Address: 12830 SHADY HILLS RD SPRING HILL FL 34610

3. Date Incorporated or Qualified: 01/26/1989
3a. Date of Last Report: 12/15/1995

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

4. FEI Number: 59-3019686
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DARVISH, MEHRDAD
12830 SHADY HILLS RD
SPRING HILL FL 34610**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: **MEHRDAD DARVISH P/O PD** (Signature, typed or printed name of registered agent and title if applicable)
DATE: **Mehrdad Darvish 4-20-96** (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: DARVISH, MEHRDAD	DELETED: <input type="checkbox"/>
STREET ADDRESS: 12830 SHADY HILLS RD.	CITY-ST-ZIP: SPRING HILL FL 34610	
TITLE: D	NAME: MARLOWE, MICHAEL	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 12830 SHADY HILLS RD.	CITY-ST-ZIP: SPRING HILL FL 34610	
TITLE: T	NAME: KESHVARI, PAUL	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 12830 SHADY HILLS RD.	CITY-ST-ZIP: SPRING HILL FL 34610	
TITLE: D	NAME: MARLOWE, MICHAEL	DELETED: <input type="checkbox"/>
STREET ADDRESS: 12830 SHADY HILLS RD	CITY-ST-ZIP: SPRING HILL FL 34610	
TITLE: T	NAME: KESHVARI, PAUL	DELETED: <input type="checkbox"/>
STREET ADDRESS: 12830 SHADY HILLS RD	CITY-ST-ZIP: SPRING HILL FL 34610	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Mehrdad Darvish** (Signature and typed or printed name of signing officer or director)
DATE: **4-20-96**
DAYTIME PHONE #: **(813) 996-7045**

CR2E037 (12/95)