


FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90122 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N30361 1. Corporation Name QUAIL 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	



2. Principal Place of Business 21 1050 A ELW Pkwy Suite, Apt. #, etc. 22 City & State 23 Oldsmar FL Zip Country 24 34677 25	2a. Mailing Address 26 1050 A ELW Pkwy Suite, Apt. #, etc. 27 City & State 28 Oldsmar FL Zip Country 29 34677 30	3. Date Incorporated or Qualified 01/26/1989 4. FEI Number 59-3019686 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 SCANNAVINI, DOMINICK 82 Street Address (P.O. Box Number is Not Acceptable) 83 1050 A ELW Pkwy 84 City Oldsmar FL 85 Zip Code 34677
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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]* DATE: 4-29-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARVISH, MEHRDAD	1.2 NAME	
STREET ADDRESS	12830 SHADY HILLS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34610	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOWE, MICHAEL	2.2 NAME	
STREET ADDRESS	12830 SHADY HILLS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34610	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	SEC/TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, RUTH J	3.2 NAME	
STREET ADDRESS	12836 SHADY HILLS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34610	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2-19-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)