

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30362** (0)
1. Corporation Name
QUAIL RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 40347 US 19 N #113 TARPON SPRINGS FL 34689	Mailing Address 40347 US 19 N #113 TARPON SPRINGS FL 34689
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/26/1989	4. FEI Number 59-3019682	Applied For ☐ Yes ☒ 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	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 SPROWLS, JOSEPH D 40347 US 19 N #113 TARPON SPRINGS FL 34689	10. Name and Address of New Registered Agent 81 Name Dominick Scannavino 82 Street Address (P.O. Box Number is Not Acceptable) 3490 East Lake Rd. Suite C 83 84 City Palm Harbor FL 85 Zip Code 34685
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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 ☒ with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **6/12/98**
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 MEYER, RUTH 12436 QUAIL RIDGE DR. SPRING HILL FL 34610	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD SMITH, MARGUERITE 12805 FLAMINGO PARKWAY SPRING HILL FL 34610	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD SCHADWILL, SANDRA 12500 QUAIL RIDGE DR. SPRING HILL FL 34610	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SHELLITO, EDWARD 12446 QUAIL RIDGE DR SPRING HILL FL 34610	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WEBBNER, BLAIR 12006 QUAIL RIDGE DR. SPRING HILL FL 34610	5.1 TITLE	☒ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D DARVISH, MAHRDAD 12630 QUAIL RIDGE DRIVE SPRING HILL FL 34610	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

VPD	☒ Change ☐ Addition
D Anthony Haut 12128 Quail Ridge Dr. Spring Hill, FL	☐ Change ☒ Addition

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 *[Signature]* **6/14/98**

CR2E037 (10/97)