QRE **FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90013 013 ****61.25

DOCUMENT # N30362N

1. Corporation Name

QUAIL RIDGE HOMEOWNERS ASSN. INC

Principal Place of Business	Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1050A ELW Pkwy	26 1050A ELW Pkwy	01/26/89
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 59 3019682 ☐ Applied For ☐ Not Applicable
23 City & State: OLDSMAR, FL	28 City & State: OLDSMAR FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip: 34677 25 Country	29 Zip: 34677 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: SCANNAVINO Dominick
82 Street Address (P.O. Box Number is Not Acceptable)
83 1050A ELW Pkwy
84 City: OLDSMAR **FL** 85 Zip Code: 34677

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 _____ DATE
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	PRES ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROTH MEYER	1.2 NAME	
STREET ADDRESS	12436 QUAIL RIDGE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34610	1.4 CITY-ST-ZIP	
TITLE	VP C ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ED SHELLITO	2.2 NAME	
STREET ADDRESS	12446 QUAIL RIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34610	2.4 CITY-ST-ZIP	
TITLE	S ☒ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME	MICKI SMITH	3.2 NAME	GARY MOLL
STREET ADDRESS	12805 FLAMINGO DRIVE	3.3 STREET ADDRESS	12332 CASSOWARY LN
CITY-ST-ZIP	S. H. FL	3.4 CITY-ST-ZIP	S. H. FL 34610
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SANDRA Schadwill	4.2 NAME	
STREET ADDRESS	12500 QUAIL RIDGE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	S. H. FL 34610	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MAHRDAD DARVISH	5.2 NAME	
STREET ADDRESS	12830 QUAIL RIDGE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BLAIR WEBB	6.2 NAME	
STREET ADDRESS	12006 QUAIL RIDGE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	34610 S.H. FL	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Roth Meyer 04/29/99 (727) 759-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #