(9/04)

CR2E037

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2002 8:00 am Secretary of State **DOCUMENT # N30362** 1. Entity Name QUAIL RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC. 04-23-2002 90356 021 ****61.25 Principal Place of Business Mailing Address 1050A ELW PKWY 1050A ELW PKWY OLDSMAR FL 34677 OLDSMAR FL 34677 吊り自入するかん 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3019682 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DOMINICK SCANNAVINO** Street Address (P.O. Box Number is Not Acceptable) 1050A ELW PKWY OLDSMAR FL 34677 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD TITLE Delete TITLE NAME MEYER, RUTH NAME 805 FLAMINGO PKWY. STREET ADDRESS 12436 QUAIL RIDGE DR. STREET ADDRESS SPRING HILL, 62 34610 CITY-ST-ZIP SPRING HILL FL 34610 CITY-ST-ZIP PD TITLE Delete TITLE DARVISHALLIDGE DR. NAME MULL GARY NAME STREET ADDRESS 12332 CASSOWARY LN STREET ADDRESS CITY-ST-ZIP J. H. FL 34610 CITY-ST-7IP TITLE ☐ Delete TITLE **X** Change ☐ Addition SHELLITO EDWARD NAME STREET ADDRESS 12446 QUAIL RIDGE DR STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34610 CITY-ST-ZIP TITLE Delete TITLE Addition OW, HUGH CAMPINGBIRD LN. JACOBEN, DAVID NAME STREET ADDRESS 1237 CASSOWARY LANE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34610 CITY-ST-7IP 34610 DRING TITLE ☐ Delete TITLE NAME NAME FLAMINGO PKW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of secure this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if er like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/02-813 929 0336