## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 15, 2004 8:00 am **Secretary of State** DOCUMENT # N30362 03-15-2004 90068 047 \*\*\*\*61.25 QUAIL RIDGE ESTATES HOMEOWNERS ASSOCIATION. INC. Principal Place of Business Mailing Address 1050A ELW PKWY 1050A ELW PKWY **64061004** OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 59-3019682 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. MULL GARY 12332 CASSOWARY LANE Change TITLE Delete TITLE STAUFFER, JAMES NAME NAME 12805 FLAMINGO PKWY STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34610 SPRING HILL FL 34610 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition 1 TITLE TITLE HAXTER DAVID THAXIER DAY LANE 12308 CASSOWARY LANE 5PRING HILL, FL 34610 DARVISH, ALI NAME NAME 12830 QUAIL RIDGE DR STREET ADDRESS STREET ADDRESS SPRING HILL FL 34610 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE SHELLITO, EDWARD NAME NAME 12446 QUAIL RIDGE DR STREET ADDRESS STREET ADDRESS SPRING HILL FL 34610 CITY-ST-ZIP CITY-ST-ZIP PD ▼ Delete ☐ Change ☐ Addition TITLE TITLE LOW, HUGH NAME NAME 16755 HUMMINGBIRD LN STREET ADDRESS STREET ADDRESS SPRING HILL FL 34610 CITY-ST-ZIP CITY-ST-ZIP PZ TITLE ☐ Delete Change ☐ Addition COOMER, MICHAEL NAME NAME 12638 FLAMINGO PKWY STREET ADDRESS STREET ADDRESS SPRING HILL FL 34610 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP 12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Dale

Daytime Phone #