


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 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 # N17029 (2)
1. Corporation Name
QUAIL POINT OF SUNTREE, INC.



Principal Place of Business 617 MIMOSA COURT MELBOURNE FL 32940	Mailing Address 617 MIMOSA COURT MELBOURNE FL 32940
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3. Date Incorporated or Qualified

09/29/1986

4. FEI Number

59-2766631

Applied For

Not Applicable

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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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

10. Name and Address of New Registered Agent

SABELLI, ANN
6939 N. WICKHAM ROAD
MELBOURNE FL 32940

81 Name
Francis Stewart

82 Street Address (P.O. Box Number is Not Acceptable)
6939 N. Wickham Road

83

84 City
Melbourne

FL 85 Zip Code
32940

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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, DOROTHY	
STREET ADDRESS	620 MIMOSA COURT	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, DOROTHY	
STREET ADDRESS	801 WILLOW CREEK LANE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	COTD	<input type="checkbox"/> DELETE
NAME	CRANE, DARYL	
STREET ADDRESS	819 WILLOW CREEK LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELDEN, WALT	
STREET ADDRESS	611 MIMOSA COURT	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, WAYNE	
STREET ADDRESS	814 WILLOW CREEK LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PONTIUS, DON	
1.3 STREET ADDRESS	810 WILLOW CREEK LANE	
1.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROPER, GEORGE	
2.3 STREET ADDRESS	830 WILLOW CREEK LANE	
2.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
3.1 TITLE	PD CRANE, CRANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	819 WILLOW CREEK LANE	
3.3 STREET ADDRESS	MELBOURNE, FL 32940	
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BEUCKER, LOUISE	
4.3 STREET ADDRESS	807 WILLOW CREEK LANE	
4.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRUBAKER, ROGER	
5.3 STREET ADDRESS	821 WILLOW CREEK LANE	
5.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: George Roper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/98 407-259-2931

Date

Daytime Phone * 0018674

CR2E037 (10/97)