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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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

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]* **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		
TITLE	PD MEYER, RUTH	<input type="checkbox"/> DELETE
NAME	12436 QUAIL RIDGE DR.	
STREET ADDRESS	SPRING HILL FL 34610	
CITY-ST-ZIP		
TITLE	SD SMITH, MARGUERITE	<input type="checkbox"/> DELETE
NAME	12805 FLAMINGO PARKWAY	
STREET ADDRESS	SPRING HILL FL 34610	
CITY-ST-ZIP		
TITLE	TD SCHADWILL, SANDRA	<input type="checkbox"/> DELETE
NAME	12500 QUAIL RIDGE DR.	
STREET ADDRESS	SPRING HILL FL 34610	
CITY-ST-ZIP		
TITLE	D SHELLITO, EDWARD	<input type="checkbox"/> DELETE
NAME	12446 QUAIL RIDGE DR	
STREET ADDRESS	SPRING HILL FL 34610	
CITY-ST-ZIP		
TITLE	D WEBBNER, BLAIR	<input type="checkbox"/> DELETE
NAME	12006 QUAIL RIDGE DR.	
STREET ADDRESS	SPRING HILL FL 34610	
CITY-ST-ZIP		
TITLE	D DARVISH, MAHRDAD	<input type="checkbox"/> DELETE
NAME	12630 QUAIL RIDGE DRIVE	
STREET ADDRESS	SPRING HILL FL 34610	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Anthony Haut	
6.3 STREET ADDRESS	12128 Quail Ridge Dr.	
6.4 CITY-ST-ZIP	Spring Hill, FL	

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)