SIGNATURE	DOMINICK SCANNAVINO		04/15/2023
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	DIRECTOR	Title	TD
Name	BURGIN, RICHARD	Name	PERRY, THOMAS
Address	720 BROOKER CREEK BLVD.,SUITE 206	Address	720 BROOKER CREEK BLVD.,SUITE 206
City-State-Zip:	OLDSMAR FL 34677	City-State-Zip:	OLDSMAR FL 34677
Title	DIRECTOR	Title	SECRETARY
Name	CICERCHI, ELEANOR	Name	TASKER, ALLISON
Address	720 BROOKER CREEK BLVD.,SUITE 206	Address	720 BROOKER CREEK BLVD.,SUITE 206
City-State-Zip:	OLDSMAR FL 34677	City-State-Zip:	OLDSMAR FL 34677
Title	DIRECTOR	Title	PRESIDENT
Name	WATHEN, NANCY	Name	KAGAN, MARILYN
Address	720 BROOKER CREEK BLVD.,SUITE 206	Address	720 BROOKER CREEK BLVD.,SUITE 206
City-State-Zip:	OLDSMAR FL 34677	City-State-Zip:	OLDSMAR FL 34677
Title	VICE PRESIDENT		
Name	PARHAM, MICHAELENE		
Address	720 BROOKER CREEK BLVD.,SUITE 206		
City-State-Zip:	OLDSMAR FL 34677		

Current Principal Place of Business:

Entity Name: QUAIL FOREST CLUSTER HOMES IMPROVEMENT

720 BROOKER CREEK BLVD., SUITE 206 OLDSMAR, FL 34677

ASSOCIATION UNIT ONE, INC.

720 BROOKER CREEK BLVD., SUITE 206 OLDSMAR, FL 34677 US

FEI Number: 59-2085848

Name and Address of Current Registered Agent:

SCANNAVINO, INC. 720 BROOKER CREEK BLVD., SUITE 206 OLDSMAR, FL 34677 US

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.

Current Mailing Address:

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT# 757506**

SIGNATURE: RICHARD BURGIN

above, or on an attachment with all other like empowered.

PRESIDENT

04/15/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 15, 2023 Secretary of State 1843458981CC

Certificate of Status Desired: No

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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