

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757506

FILED
Apr 01, 2019
Secretary of State
8377689715CC

Entity Name: QUAIL FOREST CLUSTER HOMES IMPROVEMENT ASSOCIATION UNIT ONE, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2085848

Certificate of Status Desired: No

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.

SIGNATURE: DOMINICK SCANNAVINO

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name WATHEN, NANCY
Address 720 BROOKER CREEK BLVD.,SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title TD
Name TANTALO, DANIEL
Address 720 BROOKER CREEK BLVD.,SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title SD
Name CICERCHI, ELEANOR
Address 720 BROOKER CREEK BLVD.,SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name LANCE, JUDY
Address 720 BROOKER CREEK BLVD.,SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title VD
Name LANG, TOM
Address 720 BROOKER CREEK BLVD.,SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name DIFABBIO, MIKE
Address 720 BROOKER CREEK BLVD.,SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name DALESSANDRO, ALEX
Address 720 BROOKER CREEK BLVD.,SUITE 206
City-State-Zip: OLDSMAR FL 34677

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

SIGNATURE: NANCY WATHEN

PRESIDENT

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date