2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 757506

Entity Name: QUAIL FOREST CLUSTER HOMES IMPROVEMENT

ASSOCIATION UNIT ONE, INC.

Current Principal Place of Business:

SCANNAVINO, INC.

720 BROOKER CREEK BLVD. SUITE 206

OLDSMAR, FL 34677

Current Mailing Address:

SCANNAVINO, INC.

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. 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 07/22/2013

Electronic Signature of Registered Agent Date

FILED

Jul 22, 2013

Secretary of State CC7606079023

Officer/Director Detail:

Title PRES Title VP

Name BROWN, DONALD J Name WATHEN, NANCY

Address SCANNAVINO, INC Address SCANNAVINO, INC.

720 BROOKER CREEK BLVD. SUITE 720 BROOKER CREEK BLVD. SUITE

City-State-Zip: OLDSMAR FL 34677 City-State-Zip: OLDSMAR FL 34677

Title SEC Title TREA

Name KRIEGER, LORRIE Name TANTALO, DANIEL

Address SCANNAVINO, INC. Address SCANNAVINO, INC 720 BROOKER CREEK BLVD. SUITE 5CANNAVINO, INC 720 BROOKER CREEK BLVD. SUITE

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City-State-Zip: OLDSMAR FL 34677 City-State-Zip: OLDSMAR FL 34677

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 HERBST, MARILYN
 Name
 MORITZ, FRED

Address SCANNAVINO, INC. Address SCANNAVINO, INC.

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720 BROOKER CREEK BLVD. SUITE 720 BROOKER CREEK BLVD. SUITE

City-State-Zip: OLDSMAR FL 34677 City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name LANCE, JUDY

Address SCANNAVINO, INC

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.

Electronic Signature of Signing Officer/Director Detail

Date