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: KATHLEEN MURPHY

Electronic Signature of Signing Officer/Director Detail

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	E: KATHLEEN MURPHY			04/14/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	SECRETARY	Title	TREASURER	
Name	BEASLEY, AMANDA	Name	MURPHY, KATHLEEN M	
Address	4009 GOLFVIEW RD	Address	4005 GOLFVIEW RD.	
City-State-Zip:	SEBRING FL 33875	City-State-Zip:	SEBRING FL 33875	
Title	PRESIDENT			
The	PRESIDENT			
Name	MURPHY, VERNON			
Address	4005 GOLFVIEW RD			

City-State-Zip: SEBRING FL 33875

Entity Name: QUAIL RUN HEIGHTS, INC.

Current Principal Place of Business:

4005 GOLFVIEW RD. SEBRING, FL 33875

DOCUMENT# N00858

Current Mailing Address:

4005 GOLFVIEW RD. SEBRING, FL 33875 US

FEI Number: 59-2870755

Name and Address of Current Registered Agent:

MURPHY, KATHLEEN M 4005 GOLFVIEW RD. SEBRING, FL 33875 US

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

Date

FILED Apr 14, 2024 Secretary of State 7052645567CC

TREASURER

04/14/2024