

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002820

**Entity Name:** QUAIL OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

142 QUAIL OAKS CIRCLE  
GROVELAND, FL 34736

**Current Mailing Address:**

PO BOX 886  
GROVELAND, FL 34736 US

**FEI Number: 03-0463194**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

QUAIL OAKS  
001 QUAIL OAKS CIRCLE  
GROVELAND, FL 34736 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VP  
Name           ROBERTS, ADAM  
Address        158 QUAIL OAKS CIR  
City-State-Zip: GROVELAND FL 34736

Title           P  
Name           NELSON, GORDAN  
Address        150 QUAIL OAKS CIRCLE  
City-State-Zip: GROVELAND FL 34736

Title           T  
Name           HOLLAND, JIM  
Address        154 QUAIL OAKS CIRCLE  
City-State-Zip: GROVELAND FL 34736

Title           S  
Name           KULASZEWSKI, DANAE  
Address        142 QUAIL OAKS CIRCLE  
City-State-Zip: GROVELAND FL 34736

*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: DANAE KULASZEWSKI**

**SECRETARY**

**04/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date