

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004363

**FILED**  
**Jan 26, 2013**  
**Secretary of State**  
**CC9443091164**

**Entity Name:** QUAIL HOLLOW SOCIAL CLUB, INC.

**Current Principal Place of Business:**

2051 PIONEER TRAIL  
#59  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

2051 PIONEER TRAIL  
#59  
NEW SMYRNA BEACH, FL 32168 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

TIERSON, MYRTLE  
2051 PIONEER TRAIL #57  
NEW SMYRNA BEACH, FL 32168 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            PRES  
Name            GORDON, KARL  
Address        2051 PIONEER TRAIL #42  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            VP  
Name            LAYMAN, JEANNE  
Address        2051 PIONEER TRAIL #105  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            SECR  
Name            HENDERSON, MARGARET E  
Address        2051 PIONEER TRAIL #58  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            DIR  
Name            FISCHER, ELAINE  
Address        2051 PIONEER TRAIL #65  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            DIR  
Name            THIBEAULT, CARLENE  
Address        2051 PIONEER TRAIL #133  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            DIR  
Name            COTE, MURIEL  
Address        2051 PIONEER TRAIL #147  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            MEMBER AT LARGE  
Name            HOLDER, GREG  
Address        2051 PIONEER TR #19  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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: MARGARET HENDERSON**

**SECRETARY**

**01/26/2013**

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

\_\_\_\_\_  
Date