

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004363

FILED
Jan 19, 2015
Secretary of State
CC4384875056

Entity Name: QUAIL HOLLOW SOCIAL CLUB, INC.

Current Principal Place of Business:

2051 PIONEER TRAIL
LOT #105
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

2051 PIONEER TRAIL
LOT #105
NEW SMYRNA BEACH, FL 32168 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THEBERGE, LORETTE
2051 PIONEER TRAIL LOT #105
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: LORETTE THEBERGE

01/19/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name KEMP, SALLI
Address 2051 PIONEER TRAIL LOT #224
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VP
Name WITTIBSLAGER, PAT
Address 2051 PIONEER TRAIL LOT #32
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title SECR, /TREAS.
Name THEBERGE, LORETTE
Address 2051 PIONEER TRAIL LOT #105
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MEMBER AT LARGE
Name COTE, MURIEL
Address 2051 PIONEER TRAIL LOT #74
City-State-Zip: NEW SMYRNA BEACH FL 32168

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

Title MEMBER AT LARGE
Name BICKFORD, JUDY
Address 2051 PIONEER TRAIL LOT #39
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MEMBER AT LARGE
Name FIORE, LINDA
Address 2051 PIONEER TR LOT # 28
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MEMBER AT LARGE
Name HALCROW, CINDY
Address 2051 PIONEER TR LOT # 84
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: LORETTE THEBERGE

SECRETARY/TREASURER 01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date