

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004363

FILED
Jan 18, 2018
Secretary of State
CC5414390843

Entity Name: QUAIL HOLLOW SOCIAL CLUB, INC.

Current Principal Place of Business:

2051 PIONEER TRAIL
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

2051 PIONEER TRAIL LOT #138
NEW SMYRNA BEACH, FL 32168 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCOTTE, PAULINE
2051 PIONEER TRAIL LOT #138
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: PAULINE MARCOTTE

01/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GORDON, KARL
Address 2051 PIONEER TRAIL LOT #42
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VICE PRESIDENT
Name LAYMAN, JEANNE
Address 2051 PIONEER TRAIL LOT #52
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title SECRETARY
Name MOONEY, BARBARA
Address 2051 PIONEER TRAIL LOT #109
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title TREASURER
Name MARCOTTE, PAULINE
Address 2051 PIONEER TRAIL LOT #138
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MEMBER AT LARGE
Name WITTIBSLAGER, PATRICIA
Address 2051 PIONEER TRAIL LOT #32
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MEMBER AT LARGE
Name MENOSKY, CAROLYN
Address 2051 PIONEER TRAIL LOT #70
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MEMBER AT LARGE
Name PINCKNEY, JOAN
Address 2051 PIONEER TRAIL LOT #210
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MEMBER AT LARGE
Name BROWN, JEAN
Address 2051 PIONEER TRAIL LOT #86
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: PAULINE MARCOTTE

TREASURER

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date