

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30361

Entity Name: QUAIL RIDGE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

CARACARA COURT
SPRING HILL, FL 34610

Current Mailing Address:

2181 INDIAN ROCKS RD
SUITE 1
LARGO, FL 33774

FEI Number: 59-3019686

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCONNELL, NIKKI
2181 INDIAN ROCKS RD
SUITE 1
LARGO, FL 33774 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 D
Name NICHOLAS, GEORGE
Address CASSOWARY LANE
City-State-Zip: SPRING HILL FL 34610

Title D/T
Name MULL, GARY
Address CASSOWARY LANE
City-State-Zip: SPRING HILL FL 34610

Title D
Name FERNANDEZ, JUDY
Address CARACARA CT
City-State-Zip: SPRING HILL FL 34610

Title D/P
Name YOUNG, ROBERT
Address FLAMINGO PKWY
City-State-Zip: SPRING HILL FL 34610

Title D/S
Name SMITH, DAVID
Address CRESTED ANGUS
City-State-Zip: SPRING HILL FL 34610

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: GARY MULL

TREASURER

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date