

**2013 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**

01/22/2013

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

\_\_\_\_\_  
Date