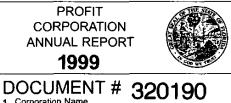
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

QUAIL HOLLOW PROPERTIES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 14, 1999 8:00 am Secretary of State

05-14-1999 90002 024 \*\*\*450.00

## 

Principal Place of Business Mailing Address						1 :00:00 Iffic (10:11 00:01 110:10 10:11 0	# 17 <b># 14 11 # 14 11 # 14 14 14 # 14</b>	II B1811 B1611   B81
27423 SR 54 W P. O. BOX 724 WESLEY CHAP	3	P. O. BOX 7243 P. O. BOX 7243 WESLEY CHAPEL FL 33543	. BOX 7243			DO NOT WRITE	IN THIS SPACE	
US US						3. Date Incorporated or Qualifed 08/17/1967		}
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1	Applied For
21		26			Į	36-2648084	1	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certifcate of Status Desired	T	Additional Required
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		,
Zip	Country	Zip C	Country	,		8. This corporation owes the current	year Intangible	_
24	25	29 30			1	Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Regi	istered Agent	
	NTO 11000		81	Name	•			
REIBER, JACOB 27429 SR 54 W WESLEY CHAPEL FL 33543			82	Street	t Addres	s (P.O. Box Number is Not Acceptable	)	
			83					
			84	City			FL 85 Zip	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was authori:	zed by	the corp	corporation	ation submits this statement for the pur s board of directors. I hereby accept th	pose of changing i e appointment as	is registered registered
SIGNATURE								1
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registi	ered Age	nt signature	required W	hen reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS 1	3.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE	PD	DELETE 1.	1 TITLE				Change	e 🔲 Addition
NAME	MANETTI, MARIO J	1.	2 NAME					,
STREET ADDRESS	1190 CARSON DR	1.	3 STREE	TADDRESS	s			ĺ
CITY-ST-ZIP	MELROSE IL'	1	4 CITY-S	T-ZIP			_	
TITLE	SV ·	☐ DELETE 2.	1 TITLE				Change	Addition
NAME	HABERLAND, CARLA C	2.	2 NAME					
STREET ADDRESS	4744 TAMPA DOWNS BLVD	2.	3 STREE	T ADDRESS	3			
CITY-ST-ZIP	LUTZ FL	2	4 CITY-S	ST-ZIP				
TITLE			1 TITLE		_		☐ Change	Addition
NAME		3	2 NAME					ļ
STREET ADDRESS		3.	3 STREE	T ADDRESS	,			
CITY-ST-ZIP		3	4. ÇITY-S	ST-ZIP				
TITLE			1 TITLE		_		☐ Change	Addition
NAME		4	2 NAME		İ			1
STREET ADDRESS				T ADDRESS	,			}
CITY-ST-ZIP			4 CITY-S					
TITLE	· · · · · · · · · · · · · · · · · · ·		1 TITLE		1		☐ Change	Addition
NAME			2 NAME					
STREET ADDRESS		5.	3 STREE	TADDRESS	;[			
CITY-ST-ZIP		1	4 CITY-S					. ]
TITLE			1 TITLE		<del>                                     </del>		☐ Change	Addition
NAME			2 NAME					
				TADDRESS				ł
STREET ADDRESS		0.			1			1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP