

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90069 011 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                     |                                                                                                                                                              |                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 729729</b><br>1. Entity Name<br><b>QUAIL HOLLOW HOMEOWNERS ASSOCIATION OF<br/>WINTER PARK, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                     |                                                                                                                                                              |                                                                   |                                                                              |
| Principal Place of Business<br><b>2180 TURKEY RUN<br/>WINTER PARK, FL 32789</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                     | Mailing Address<br><b>2180 TURKEY RUN<br/>WINTER PARK, FL 32789</b>                                                                                          |                                                                   |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | 3. Mailing Address                                                                  |                                                                                                                                                              |                                                                   |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | Suite, Apt. #, etc.                                                                 |                                                                                                                                                              |                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  | City & State                                                                        |                                                                                                                                                              |                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                          | Zip                                                                                 | Country                                                                                                                                                      |                                                                   |                                                                              |
| 4. FEI Number<br><b>23-7368893</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                                     |                                                                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable            |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                                                     |                                                                                                                                                              | <b>\$8.75 Additional<br/>Fee Required</b>                         |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>COONEY, RICHARD<br/>2180 TURKEY RUN<br/>WINTER PARK, FL 32789</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                                                                     | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                   |                                                                              |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                                     |                                                                                                                                                              |                                                                   |                                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                                     |                                                                                                                                                              |                                                                   |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                              | <b>\$5.00 May Be<br/>Added to Fees</b>                            |                                                                              |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                                                                     |                                                                                                                                                              |                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                 |                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>COLLIS, DAVID<br>418 SETTER TRAIL<br>WINTER PARK, FL 32789  | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | P<br>STEINBERGER, LEA<br>423 TURKEY RUN<br>WINTER PARK, FL 32789  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>THOMPSON, KIM<br>421 BRIARWOOD<br>WINTER PARK, FL 32789    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | VP<br>REECE, MARY<br>424 TURKEY RUN<br>WINTER PARK, FL 32789      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>STEINBERGER, LEA<br>423 TURKEY RUN<br>WINTER PARK, FL 32789 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | S<br>SUMNER, KIMBERLY<br>2193 TURKEY RUN<br>WINTER PARK, FL 32789 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>GILLIAM, MARION<br>2147 TURKEY RUN<br>WINTER PARK, FL 32789 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | T<br>GILLIAM, MARION<br>2147 TURKEY RUN<br>WINTER PARK, FL 32789  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                  |                                                                                     |                                                                                                                                                              |                                                                   |                                                                              |
| <b>SIGNATURE:</b> <u>Richard P. Cooney</u> <b>RICHARD P. COONEY</b> 3-19-05 407-944-5724                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                                     |                                                                                                                                                              |                                                                   |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                                     |                                                                                                                                                              |                                                                   |                                                                              |

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03192005 Chg-NP CR2E037 (10/03)

*Marion W. Gilliam* MARION W. GILLIAM 4-20-05 407-628-4668  
TR2A 5422