

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90036 039 ****61.25

DOCUMENT # 742843

1. Entity Name
QUAIL POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**QUAIL POINT ONE
10036 SAWGRASS DR
PONTE VEDRA BEACH, FL 32082 US**

Mailing Address
**QUAIL POINT ONE
10036 SAWGRASS DR
PONTE VEDRA BEACH, FL 32082 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1881338

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ARENAS, PATRICIA
C/O MAY MANAGEMENT
10036 SAWGRASS DRIVE, SUITE 1
PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent
Name **Gindy O'Neil**
Street Address (P.O. Box Number is Not Acceptable)
5455 AIA South
City **St. Augustine** FL Zip Code **32080**

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 *Patricia H. Arenas* DATE **1/23/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
Due by **May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VENTRELLA, PETER 5 ENDOR LANE WESTFIELD, NY 07090	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDRICKS, ROBERT 323 QUAIL POINTE DR PONTE VEDRA BEACH, FL 32082	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKERMAN, STUART J 341 QUAIL POINTE DR. PONTE VEDRA BEACH, FL 32082	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, JOSPEH F 308 QUAIL POINT DR. PONTE VEDRA BEACH, FL 32082	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Price Joseph 308 Quail Point Dr Ponte Vedra Beach, FL 32082	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Robert H. Hendricks* DATE **1/29**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40008512

