

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90034 005 \*\*\*\*61.25

**DOCUMENT # 743960**

1. Entity Name

MEADOWS QUAIL HOLLOW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
**2004 LONG MEADOW**  
**5037 RINGWOOD MEADOW**  
**SARASOTA FL 34235**  
**US**

Mailing Address  
**2004 LONG MEADOW**  
**5037 RINGWOOD MEADOW**  
**SARASOTA FL 34235**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1891297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, ED  
3013 QUAIL HOLLOW  
SARASOTA FL 34235

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 DVP ☐ Delete  
NAME SUPPES, MARGARET  
STREET ADDRESS 5037 RINGWOOD MEADOW  
CITY-ST-ZIP SARASOTA FL 34235

TITLE D ☐ Delete  
NAME WINABERGER, CLAIRE  
STREET ADDRESS 5037 RINGWOOD MEADOW  
CITY-ST-ZIP SARASOTA FL 34235

TITLE DST ☒ Delete  
NAME MATSON, JOHN  
STREET ADDRESS 5037 RINGWOOD MEADOW  
CITY-ST-ZIP SARASOTA FL 34235

TITLE DP ☐ Delete  
NAME PIERCE, ED  
STREET ADDRESS 5037 RINGWOOD MEADOW  
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DST ☐ Change ☒ Addition  
NAME W.M. ANDERSEN  
STREET ADDRESS 3063 QUAIL HOLLOW  
CITY-ST-ZIP SARASOTA, FL 34235

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 lines empowered.

SIGNATURE: *[Signature]*

2.24.06