

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743960

FILED
Mar 23, 2009
Secretary of State

Entity Name: MEADOWS QUAIL HOLLOW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2004 LONGMEADOWS
SARASOTA, FL 34235 US

New Principal Place of Business:

Current Mailing Address:

2004 LONGMEADOWS
SARASOTA, FL 34235 US

New Mailing Address:

FEI Number: 59-1891297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, ED
3013 QUAIL HOLLOW
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: SUPPES, MARGARET
Address: 5037 RINGWOOD MEADOW
City-St-Zip: SARASOTA, FL 34235 US

Title: D () Delete
Name: LORENZ, ART
Address: 2004 LONGMEADOW
City-St-Zip: SARASOTA, FL 34231 US

Title: DST () Delete
Name: ANDERSON, WILL
Address: 3063 QUAIL HOLLOW
City-St-Zip: SARASOTA, FL 34235 US

Title: DP () Delete
Name: PIERCE, ED
Address: 5037 RINGWOOD MEADOW
City-St-Zip: SARASOTA, FL 34235 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: SUPPES, MARGARET
Address: 3075 QUAIL HOLLOW
City-St-Zip: SARASOTA, FL 34235 US

Title: DT (X) Change () Addition
Name: LORENZ, ART
Address: 2004 LONGMEADOW
City-St-Zip: SARASOTA, FL 34231 US

Title: DS (X) Change () Addition
Name: VANPATTON, RONALD
Address: 3049 QUAIL HOLLOW
City-St-Zip: SARASOTA, FL 34235 US

Title: DP (X) Change () Addition
Name: PIERCE, ED
Address: 3013 QUAIL HOLLOW
City-St-Zip: SARASOTA, FL 34235 US

Title: D () Change (X) Addition
Name: ANDERSON, WILLIAM
Address: 2004 LONGMEADOW
City-St-Zip: SARASOTA, FL 34235 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD PIERCE

DP

03/23/2009

Electronic Signature of Signing Officer or Director

Date