

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90297 040 ****61.25

| | | | | | |
|--|---|---------|---|---|--|
| DOCUMENT # 747002 1. Entity Name QUAIL POINTE II CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business ASSOCIATION MGMT OF PONTE VEDRA, INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BCH, FL 32082 US | | | Mailing Address ASSOCIATION MGMT OF PONTE VEDRA, INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BCH, FL 32082 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-1997455 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CONNOLLY, C. P ASSOCIATION MANAGEMENT OF PONTE VEDRA, INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BCH, FL 32082 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | \$8.75 Additional Fee Required | |
| SIGNATURE <u>C.P. Connolly</u> C.P. CONNOLLY <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE <u>4-19-05</u> | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| \$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 | DP MAY, LARRY 525 QUAIL POINTE LN PONTE VEDRA, FL 32082 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JONES, RICHARD 504 QUAIL POINTE LN PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP NEINSTEDT, HARRY 320 S NINE DR PONTE VEDRA BCH, FL <input checked="" type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SLOVER, WILLIAM 531 QUAIL POINTE LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WESTER, MARY A 532 QUAIL PONTE LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| DT MOORE JOHN 306 QUAIL POINTE LN PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| D ROGERS, BEVERLY P.O. BOX 1131 PONTE VEDRA BEACH, FL 32004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS 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. | | | | | |
| SIGNATURE: <u>James L. May</u> JAMES L. MAY <u>4/25/05</u> <u>904-285-2588</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |