


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 754575 1. Entity Name QUAIL TRACK OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4185 SHADY OAKS CT C/O MARGIE TESAR SARASOTA, FL 34233 US	Mailing Address 4185 SHADY OAKS CT C/O MARGIE TESAR SARASOTA, FL 34233 US
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2097591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent OBERHOFF, TIMM 4139 SHADY OAKS CT. SARASOTA, FL 34233
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**DO NOT WRITE
IN THIS SPACE**

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

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OBERHOFF, TIMM 4139 SHADY OAKS CT SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WISEMAN, STEVE 4135 SHADY OAKS CT. SARASOTA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TESAR, MARGIE 4185 SHADY OAKS CT SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEISMAN, STEVE 4135 SHADY OAKS CT SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/07-80045-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Margie Tesar* MARGIE TESAR *1/8/07* 941-377-1554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #