

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 754575

1. Entity Name
QUAIL TRACK OWNERS' ASSOCIATION, INC.



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**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2087591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OBERHOFF, TIMM
4139 SHADY OAKS CT.
SARASOTA, FL 34233**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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01/15/08-80045-009 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08

Date

941-3774554

Daytime Phone #