2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90454 017 ****70.00

DOCUMENT # 760126

1. Entity Name
QUAIL RUN VILLAS, INC.

Principal Place of Business	Mailing Address
4414 LAFAYETTE AVE. SEBRING, FL 33875-5218 US	4414 LAFAYETTE AVE. SEBRING, FL 33875-5218 US

01302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
4320 LAFAYETTE AVE	4320 LAFAYETTE AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring, Fl 33875-5218	City & State: SEBRING, FL
Zip: 33875-5218 Country: US	Zip: 33875-5218 Country: US

4. FEI Number: 59-2870756 ☐ 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
MASONBRINK, WILLIAM E 4414 LAFAYETTE AVE. SEBRING, FL 33875-5213	Name: GRACE OWENS Street Address (P.O. Box Number is Not Acceptable): 4320 LAFAYETTE AVE. City: Sebring FL Zip Code: 33875-5218

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: Grace P. Owens Treasurer 4-27-06
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MASONBRINK, WILLIAM E 4414 LAFAYETTE AVE SEBRING, FL 338755213	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/P Murphy, Jeff 4318 LAFAYETTE AVE Sebring, Fl 33875-5213	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES EBERT, JACK 4316 LAFAYETTE AVE. SEBRING, FL 33875	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Collins, Julia A 4852 LAFAYETTE AVE Sebring, FIA 33875-5213	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC MURPHY, JEFFRY 4318 LAFAYETTE AVE SEBRING, FL 33875	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T OWENS, GRACE 4320 LAFAYETTE AVE Sebring, FIA 33875-5213	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA COLLINS, JULIA A 4352 LAFAYETTE AVE SEBRING, FL 338755213	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

863 382-2070 H

SIGNATURE: Grace Owens / GRACE OWENS 4-5-06 863-273-1421 C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #