


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90081 039 \*\*\*\*70.00

<b>DOCUMENT # 760126</b>	
1. Entity Name QUAIL RUN VILLAS, INC.	

Principal Place of Business 4320 LAFAYETTE AVE SEBRING, FL 33875-5218 US	Mailing Address 4320 LAFAYETTE AVE SEBRING, FL 33875-5218 US
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2870756	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  OWENS, GRACE 4320 LAFAYETTE AVE SEBRING, FL 33875-5218	7. Name and Address of New Registered Agent Name <u>PLANTS, GRACE</u> Street Address (P.O. Box Number is Not Acceptable) <u>4320 LAFAYETTE AVE</u> City <u>SEBRING</u> FL <u>33875</u>
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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 Owens Plants 4-4-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, JEFF 4318 LAFAYETTE AVE SEBRING, FL 338755213 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONNIE TATUM 4350 LAFAYETTE AVE SEBRING, FLA 33875-5213 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLINS, JULIA A 4352 LAFAYETTE AVE SEBRING, FL 338755213 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUSAN FERRELL 4354 LAFAYETTE AVE SEBRING, FLA 33875-5213 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MURPHY, JEFFRY 4318 LAFAYETTE AVE SEBRING, FL 33875 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAREN BABCOCK SEC KAREN BABCOCK 4410 LAFAYETTE AVE SEBRING, FLA 33875-5213 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA COLLINS, JULIA A 4352 LAFAYETTE AVE SEBRING, FL 338755213 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA GRACE OWENS PLANTS 4320 LAFAYETTE AVE SEBRING, FLA 33875-5213 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OWENS, GRACE 4320 LAFAYETTE AVE SEBRING, FL 338755213 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Grace Owens Plants - GRACE OWENS PLANTS 4-4-07 273-1421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #