

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760126

Entity Name: QUAIL RUN VILLAS, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

4320 LAFAYETTE AVE
SEBRING, FL 338755218 US

New Principal Place of Business:

4352 LAFAYETTE AVE
SEBRING, FL 338755218 US

Current Mailing Address:

4320 LAFAYETTE AVE
SEBRING, FL 338755218 US

New Mailing Address:

4352 LAFAYETTE AVE
SEBRING, FL 338755218 US

FEI Number: 59-2870756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PLANTS, GRACE
4320 LAFAYETTE AVE
SEBRING, FL 338755218 US

Name and Address of New Registered Agent:

COLLINS, JULIA
4352 LAFAYETTE AVE
SEBRING, FL 338755218 US

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.

SIGNATURE: JULIA COLLINS

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANDERS, ROBIN
Address: 4416 LAFAYETTE AVE
City-St-Zip: SEBRING, FL 33875

Title: VP () Delete
Name: TATUM, BONNIE
Address: 4350 LAFAYETTE AVE
City-St-Zip: SEBRING, FL 33875

Title: SEC () Delete
Name: BABCOCK, KAREN
Address: 4410 LAFAYETTE AVE
City-St-Zip: SEBRING, FL 33875

Title: TREA () Delete
Name: OWENS-PLANTS, GRACE
Address: 4320 LAFAYETTE AVE
City-St-Zip: SEBRING, FL 338755213

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLLINS, JULIA
Address: 4352 LAFAYETTE AVE
City-St-Zip: SEBRING, FL 33875

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: HODGES, KIM
Address: 4210 LAFAYETTE AVE
City-St-Zip: SEBRING, FL 33875

Title: TREA (X) Change () Addition
Name: HODGES, KIM
Address: 4210 LAFAYETTE AVE
City-St-Zip: SEBRING, FL 338755213

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA COLLINS

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date