

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764355

FILED
Apr 29, 2008
Secretary of State

Entity Name: QUAIL HOLLOW ON THE RIVER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1968 QUAIL HOLLOW DRIVE
DELAND, FL 327204339

New Principal Place of Business:

Current Mailing Address:

1968 QUAIL HOLLOW DRIVE
DELAND, FL 327204339

New Mailing Address:

FEI Number: 59-3014094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHOUSE, FRANCIS L
1964 QUAIL HOLLOW DR
DELAND, FL 32720 US

Name and Address of New Registered Agent:

ROBITAILLE, CATHERINE L
2620 WOOD DUCK VILLAGE
DELAND, FL 32720 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: CATHERINE ROBITAILLE

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLAKE, GAIL
Address: 3706 BLUE HERON VLG
City-St-Zip: DELAND, FL 32720

Title: VP () Delete
Name: BECKER, JACK
Address: 1718 KINGFISHER VLG.
City-St-Zip: DELAND, FL 32720

Title: SD () Delete
Name: KILPATRICK, RUTH
Address: 2756 KINGFISHER VLG.
City-St-Zip: DELAND, FL 32720

Title: TD () Delete
Name: DAUNT, CATHY
Address: 2756 BLUE HERON VLG
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: SOYARS, SYEN
Address: 2001 QUAIL HOLLOW DR
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: DUECKER, DAVID
Address: 2736 BLUE HERON VLG
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: RAMSEY, WILLIAM
Address: 1990 QUAIL HOLLOW DRIVE
City-St-Zip: DELAND, FL 32720

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

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

Title: D (X) Change () Addition
Name: BECKER, JACK
Address: 2718 KINGFISHER VILLAGE
City-St-Zip: DELAND, FL 32720

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

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: GAIL BLAKE

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date