
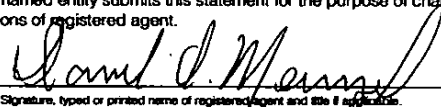
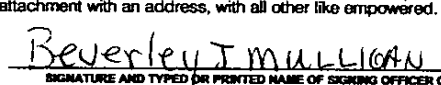


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90328 044 ****61.25

DOCUMENT # 768582 1. Entity Name QUAIL HOLLOW MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 2050 PIONEER TRAIL LOT 244 NEW SMYRNA BEACH, FL 32168 US			Mailing Address 2050 PIONEER TRAIL LOT 244 NEW SMYRNA BEACH, FL 32168 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2530317	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NUSSHAUMER, JOHN 2051 PIONEER TRAIL LOT 129 NEW SMYRNA BEACH, FL 32168				Name MENZEL, DAVID Street Address (P.O. Box Number is Not Acceptable) 2051 PIONEER TRAIL Lot 232 City NEW SMYRNA BEACH, FL Zip Code 32168	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/3/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$81.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSBAUMER, JOHN		NAME	MENZEL, DAVID	
STREET ADDRESS	2051 PIONEER TRAIL LOT 129		STREET ADDRESS	2051 PIONEER TRAIL Lot 232	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENZEL, DAVID		NAME	O'CONNOR, Ann	
STREET ADDRESS	2051 PIONEER TRAIL LOT 232		STREET ADDRESS	2051 PIONEER TRAIL Lot 206	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSS, JAMES		NAME		
STREET ADDRESS	2051 PIONEER TRAIL LOT 64		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREW, LOUISE		NAME		
STREET ADDRESS	2051 PIONEER TRAIL LOT 129		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAN, BEVERLY		NAME		
STREET ADDRESS	2051 PIONEER TRAIL LOT 206		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRTLE, TIERSON		NAME	MENZEL, VICKIE	
STREET ADDRESS	2051 PIONEER TRAIL LOT 241		STREET ADDRESS	2051 PIONEER TRAIL Lot 232	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
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:  Beverly J. Mulligan 4/3/06 386-49-7078 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					