

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768582

FILED
Feb 28, 2011
Secretary of State

Entity Name: QUAIL HOLLOW MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2051 PIONEER TRAIL
LOT 206
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

2051 PIONEER TRAIL
LOT 206
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

2051 PIONEER TRAIL
LOT 57
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

2051 PIONEER TRAIL
LOT 57
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-2530317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLIGAN, BEVERLEY J MRS.
2051 PIONEER TRAIL
LOT # 206
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

TIERSON, MYRTLE MRS.
2051 PIONEER TRAIL
LOT #57
NEW SMYRNA BEACH, FL 32168 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: MYRTLE TIERSON

02/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LAYMAN, FRAN MR.
Address: 2051 PIONEER TRAIL # 52
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VP
Name: GORDON, KARL MR.
Address: 2051 PIONEER TRL, LOT42
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D
Name: SUPPE, TIM MR..
Address: 2051 PIONEER TR #42
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D
Name: MUNDY, HELEN MS.
Address: 2051 PIONEER TR#81
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D
Name: MARCOTTE, DAVID MR.
Address: 2051 PIONEER TRAIL LOT 138
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD
Name: HENDERSON, MARGARET MRS.
Address: 2051 PIONEER TRAIL #59
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby 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 all other like empowered.

SIGNATURE: MYRTLE TIERSON

TD

02/28/2011

Electronic Signature of Signing Officer or Director

Date