

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00858

FILED
Jul 18, 2005
Secretary of State

Entity Name: QUAIL RUN HEIGHTS, INC.

Current Principal Place of Business:

4009 GOLFVIEW ROAD
SEBRING, FL 33875

New Principal Place of Business:

4005 GOLFVIEW RD.
SEBRING, FL 33875

Current Mailing Address:

4009 GOLFVIEW ROAD
SEBRING, FL 33875

New Mailing Address:

4005 GOLFVIEW RD.
SEBRING, FL 33875

FEI Number: 59-2870755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOOLLEY, SALLY
4009 GOLFVIEW ROAD
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

O'SULLIVAN, TONYA K T
4005 GOLFVIEW RD.
SEBRING, FL 33875 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: TONYA O'SULLIVAN

07/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SUGG, DUANE J
Address: 1805 5TH AVE
City-St-Zip: SEBRING, FL 33875

Title: VD () Delete
Name: WINSTEAD, HERB
Address: 1803 5TH AVE
City-St-Zip: SEBRING, FL 33875

Title: T () Delete
Name: STALDER, KATHRYN M
Address: 1811 5TH AVE
City-St-Zip: SEBRING, FL 33875

Title: S (X) Delete
Name: JUNE, WINSTEAD
Address: 1803 5TH AVE
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WINSTEAD, HERB PD
Address: 4001 GOLFVIEW RD.
City-St-Zip: SEBRING, FL 33875

Title: VD (X) Change () Addition
Name: WOOLLEY, SALLY VD
Address: 4009 GOLFVIEW RD.
City-St-Zip: SEBRING, FL 33875

Title: S (X) Change () Addition
Name: WINSTEAD, JUNE S
Address: 4001 GOLFVIEW RD.
City-St-Zip: SEBRING, FL 33875

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TONYA O'SULLIVAN

T

07/18/2005

Electronic Signature of Signing Officer or Director

Date