

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003734

1. Entity Name

QUAIL ROOST HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90082 015 \*\*\*\*61.25

917986



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business              | Mailing Address                          |
| 11525 HIGHWAY 710<br>OKEECHOBEE FL 34974 | 11525 HIGHWAY 710<br>OKEECHOBEE FL 34974 |

|                                |                     |
|--------------------------------|---------------------|
| 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                    | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required                                    |

|  |
|--|
| 6. Name and Address of Current Registered Agent              |
| ENRICO, ROBERT S<br>11525 HIGHWAY 710<br>OKEECHOBEE FL 34974 |

|  |    |          |
|--|----|----------|
| 7. Name and Address of New Registered Agent        |    |          |
| Name   |    |          |
| Street Address (P.O. Box Number is Not Acceptable) |    |          |
| City   | FL | Zip Code |

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                          |  |   |
|--------------------------|--|---|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|--------------------------|--|---|

| 10. OFFICERS AND DIRECTORS |                      |
|----------------------------|----------------------|
| TITLE                      | PD                   |
| NAME                       | ENRICO, ROBERT S     |
| STREET ADDRESS             | 11525 HIGHWAY 710    |
| CITY-ST-ZIP                | OKEECHOBEE FL 34974  |
| TITLE                      | D                    |
| NAME                       | ENRICO, HILDA M      |
| STREET ADDRESS             | 11525 HIGHWAY 710    |
| CITY-ST-ZIP                | OKEECHOBEE FL 34974  |
| TITLE                      | TD                   |
| NAME                       | WHITEHEAD, WILLIAM D |
| STREET ADDRESS             | 12250 SE 65TH LANE   |
| CITY-ST-ZIP                | OKEECHOBEE FL 34974  |
| TITLE                      | SD                   |
| NAME                       | WHITEHEAD, BARBARA J |
| STREET ADDRESS             | 12250 SE 65TH LANE   |
| CITY-ST-ZIP                | OKEECHOBEE FL 34974  |
| TITLE                      | VD                   |
| NAME                       | CORNELIUS, DAVID T   |
| STREET ADDRESS             | 6001 SE 128TH STREET |
| CITY-ST-ZIP                | OKEECHOBEE FL 34974  |
| TITLE                      |                      |
| NAME                       |                      |
| STREET ADDRESS             |                      |
| CITY-ST-ZIP                |                      |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE   |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)