

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90029 043 ****61.25

DOCUMENT # N01000005703

1. Entity Name

QUAIL RUN ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

540 BUTTONWOOD DR.
MERRITT ISLAND FL 32953

Mailing Address

PO BOX 541622
MERRITT ISLAND FL

2. Principal Place of Business

330 QUAIL DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

MERRITT ISLAND, FL

City & State

4. FEI Number

59-3738579

Applied For

Not Applicable

Zip

32953

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKEY & FOWLER, P.A.
25 MCLEOD ST.
MERRITT ISLAND FL 32953

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SCHACK, ROBERT E
STREET ADDRESS 540 BUTTONWOOD DR.
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☒ Delete

TITLE DST
NAME HUNTERMAN, LOIS JR
STREET ADDRESS 480 BUTTERWOOD DR
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☒ Delete

TITLE DV
NAME MINER, ANDREW
STREET ADDRESS 340 QUAIL DR.
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME SCHEER, ANDREW P.
STREET ADDRESS 330 QUAIL DRIVE
CITY-ST-ZIP MERRITT ISLAND, FL 32953 ☒ Change ☐ Addition

TITLE DST
NAME SCHEER, JENNIFER H.
STREET ADDRESS 330 QUAIL DRIVE
CITY-ST-ZIP MERRITT ISLAND, FL 32953 ☒ Change ☐ Addition

TITLE DV
NAME TATE, JERRY
STREET ADDRESS 320 QUAIL DRIVE
CITY-ST-ZIP MERRITT ISLAND, FL 32953 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Jennifer Scheer* JENNIFER SCHEER 1-23-2004 (321)459-3275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #