

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90039 031 ****61.25

DOCUMENT # N01000005703

1. Entity Name

QUAIL RUN ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**330 QUAIL DRIVE
MERRITT ISLAND FL 32953**

Mailing Address

**PO BOX 541622
MERRITT ISLAND FL**

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

59-3738579

Applied For

Not Applicable

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, 2005**

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 ☐ Delete
NAME **DP SCHEER, ANDREW P**
STREET ADDRESS **330 QUAIL DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete
NAME **DST SCHEER, JENNIFER H**
STREET ADDRESS **330 QUAIL DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **DV BURNS, BRIAN**
STREET ADDRESS **315 QUAIL DRIVE**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

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

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

TITLE ☐ Change ☐ Addition
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: Jennifer Scheer JENNIFER SCHEER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05 (321)459-3275

Date

Daytime Phone #