



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005703	
1. Entity Name QUAIL RUN ESTATES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 305 QUAIL DRIVE MERRITT ISLAND, FL 32953	Mailing Address PO BOX 541622 MERRITT ISLAND, FL
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DO NOT WRITE IN THIS SPACE

	
02252008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3738579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOWLER, BRINK & FOWLER 25 MCLEOD ST. MERRITT ISLAND, FL 32953	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROSSENBERRY, DONALD 305 QUAIL DR MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROSENBERRY, SUE 305 QUAIL DR MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JAMES, LINDA 280 QUAIL DR MERRITT ISLAND, FL 32953
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04/22/08-80082-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date 4-8-08	Daytime Phone # 321-454-6133
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		