

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005703

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** QUAIL RUN ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

305 QUAIL DRIVE  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 541622  
MERRITT ISLAND, FL

**New Mailing Address:**

**FEI Number:** 59-3738579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOWLER, BRINK & FOWLER  
25 MCLEOD ST.  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ROSSENBERY, DONALD  
Address: 305 QUAIL DR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP ( ) Delete  
Name: ROSENBERY, SUE  
Address: 305 QUAIL DR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ST ( ) Delete  
Name: JAMES, LINDA  
Address: 280 QUAIL DR  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: MILLNER, DANIELLE  
Address: 475 BUTTONWOOD DR.  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ST (X) Change ( ) Addition  
Name: ROSENBERY, SUE  
Address: 305 QUAIL DR.  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SUSAN M. ROSENBERY

ST

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date