FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:36

DOCUMENT # N01239 (5)

1. Corporation Name
QUAIL VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3521 QUAIL TR MELBOURNE FL 32935	3521 QUAIL TR MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1984
3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-2865758 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAVIS, T.W.
1788 QUAIL TRAIL
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, T.	1.2 NAME		
STREET ADDRESS	1788 QUAIL TRAIL	1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BADALUCCO, ANTHONY	2.2 NAME	LOFGREN, DONNA	
STREET ADDRESS	3545 QUAIL TRAIL	2.3 STREET ADDRESS	3525 SANDPIPER	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	THEOFANOUS, SOPHIA	3.2 NAME	BEALL, BETTY L.	
STREET ADDRESS	3550 SPARROW LN	3.3 STREET ADDRESS	3552 QUAIL TRAIL	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	THEOFANOUS, ANGELO G	4.2 NAME	THEOFANOUS, SOPHIA P.	
STREET ADDRESS	3550 SPARROW LN	4.3 STREET ADDRESS	3550 SPARROW LN	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	LOFGREN, DONNA	5.2 NAME	THEOFANOUS, ANGELO G.	
STREET ADDRESS	3525 SANDPIPER ROAD	5.3 STREET ADDRESS	3550 SPARROW LN	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sophia P. Theofanous 04/13/95 407-729-2166
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
SOPHIA P. THEOFANOUS - TREASURER

0084018