

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

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

3. Date Incorporated or Qualified **02/03/1984** 3a. Date of Last Report **04/14/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 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 617.0502 and 617.1503, 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 617.1503, Florida Statutes.

SIGNATURE **Sophia P. Theofanous, Treasurer**  
Signature, typed or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PD **DAVIS, T.** **1788 QUAIL TRAIL** **MELBOURNE FL** ☐ DELETE  
VD **LOFGREN, DONNA** **3525 SANDPIPPER** **MLBOURNE F** ☒ DELETE  
SD **BEALL, BETTY L** **3552 QUAIL TRAIL** **MELBOURNE FL** ☐ DELETE  
TD **THOEFANOUS, SOPHIA P** **3550 SPARROW LANE** **MELBOURNE FL** ☐ DELETE  
D **THEOFANOUS, ANGELO G** **3550 SPARROW LANE** **MELBOURNE FL** ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE **Vice Pres./Director** ☒ Change ☐ Addition  
22 NAME **Angelo G. Theofanous**  
23 STREET ADDRESS **3550 Sparrow Lane**  
24 CITY-ST-ZIP **Melbourne, FL 32935**  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE **Director** ☒ Change ☐ Addition  
52 NAME **Mary Ellen Jones**  
53 STREET ADDRESS **3545 Sparrow Lane**  
54 CITY-ST-ZIP **Melbourne, FL 32935**  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(k), 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, Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/96** (407) 242-2122  
Date Daytime Phone #

CR2E037 (12/95)