

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

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MELBOURNE FL 32935



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1984	3a. Date of Last Report 03/13/1996
4. FEI Number 59-2865758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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	JOHN EFIRD
82 Street Address (P.O. Box Number is Not Acceptable)	1748 QUAIL TRAIL
83	
84 City	MELBOURNE FL
85 Zip Code	32935

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/11/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, T.	
STREET ADDRESS	1788 QUAIL TRAIL	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	THEOFANOUS, ANGELO	
STREET ADDRESS	3550 SPARROW LANE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BEALL, BETTY L	
STREET ADDRESS	3552 QUAIL TRAIL	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THEOFANOUS, SOPHIA P	
STREET ADDRESS	3550 SPARROW LANE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, MARY ELLEN	
STREET ADDRESS	3545 SPARROW LANE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN EFIRD	
1.3 STREET ADDRESS	1748 QUAIL TRAIL	
1.4 CITY-ST-ZIP	MELBOURNE FL	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT JOHNSON	
2.3 STREET ADDRESS	3567 SANDPIPER LANE	
2.4 CITY-ST-ZIP	MELBOURNE FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JIM KELLY	
3.3 STREET ADDRESS	1720 QUAIL TRAIL	
3.4 CITY-ST-ZIP	MELBOURNE FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TONY BADALUCCO	
4.3 STREET ADDRESS	3548 QUAIL TRAIL	
4.4 CITY-ST-ZIP	MELBOURNE FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PEGGY BOYD	
5.3 STREET ADDRESS	3516 QUAIL TRAIL	
5.4 CITY-ST-ZIP	MELBOURNE	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 REQUIRED JOHN EFIRD 9/11/97 1748 QUAIL TRAIL

CR2E037 (4/97)