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Feb 09 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 Zip Country 29 Country  
24 25 29 30

3. Date Incorporated or Qualified  
02/03/1984  
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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
EFIRD, JOHN  
1748 QUAIL TRAIL  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent  
81 Name TONY BADALUCCO  
82 Street Address (P.O. Box Number is Not Acceptable) 3548 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 JAMES D. KELLY TREASURER TONY BADALUCCO, PRESIDENT 1/16/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME EFIRD, JOHN  
STREET ADDRESS 1748 QUAIL TRAIL  
CITY-ST-ZIP MELBOURNE FL  
TITLE VPD  
NAME JOHNSON, ROBERT  
STREET ADDRESS 3567 SANDPIPER LANE  
CITY-ST-ZIP MELBOURNE FL  
TITLE SD  
NAME BEALL, BETTY L  
STREET ADDRESS 3552 QUAIL TRAIL  
CITY-ST-ZIP MELBOURNE FL  
TITLE D  
NAME BADALUCCO, TONY  
STREET ADDRESS 3548 QUAIL TRAIL  
CITY-ST-ZIP MELBOURNE FL  
TITLE D  
NAME JONES, MARY ELLEN  
STREET ADDRESS 3545 SPARROW LANE  
CITY-ST-ZIP MELBOURNE FL  
TITLE D  
NAME BOYD, PEGGY  
STREET ADDRESS 3516 QUAIL TRAIL  
CITY-ST-ZIP MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE TREASURER  
1.2 NAME JAMES D. KELLY  
1.3 STREET ADDRESS 1770 QUAIL TRAIL  
1.4 CITY-ST-ZIP MELBOURNE, FL 32935  
2.1 TITLE DIRECTOR  
2.2 NAME JOHN MIHALY  
2.3 STREET ADDRESS 3560 QUAIL TRAIL  
2.4 CITY-ST-ZIP MELBOURNE, FL 32935  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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. On 1/16/98 with an address.

SIGNATURE JAMES D. KELLY TREASURER 1/16/98

CR2E037 (10/97)