


FILE NOW: FILING FEE IS \$61.25

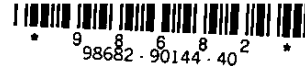
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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90144 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N01239</b>					
1. Corporation Name <b>QUAIL VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3521 QUAIL TR</b> <b>MELBOURNE FL 32935</b>			Mailing Address <b>3521 QUAIL TR</b> <b>MELBOURNE FL 32935</b>		




2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/03/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2865758	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BADALUCCO, TONY 3548 QUAIL TRAIL MELBOURNE FL 32935				81 Name ROBERT JOHNSON			
				82 Street Address (P.O. Box Number is Not Acceptable) 3567 SANDPIPER LANE			
				83			
				84 City MELBOURNE, FL			
				85 Zip Code FL 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  DATE 1-4-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	ROBERT JOHNSON	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	EFIRD, JOHN		1.2 NAME	3567 SANDPIPER LANE			
STREET ADDRESS	1748 QUAIL TRAIL		1.3 STREET ADDRESS	MELBOURNE, FL 32935			
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	UPD			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DORIS HENRY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, ROBERT		2.2 NAME	3559 SANDPIPER LANE			
STREET ADDRESS	3567 SANDPIPER LANE		2.3 STREET ADDRESS	MELBOURNE, FL 32935			
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP				
TITLE	TR	<input type="checkbox"/> DELETE	3.1 TITLE	SEC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KELLY, JAMES D.		3.2 NAME	JOHN HADDEN			
STREET ADDRESS	1720 QUAIL TRAIL		3.3 STREET ADDRESS	1850 QUAIL TRAIL			
CITY-ST-ZIP	MELBOURNE FL 32935		3.4 CITY-ST-ZIP	MELBOURNE, FL 32935			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BADALUCCO, TONY		4.2 NAME	BERYL E. WATTS			
STREET ADDRESS	3548 QUAIL TRAIL		4.3 STREET ADDRESS	3518 SANDPIPER LANE			
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	MELBOURNE, FL 32935			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JONES, MARY ELLEN		5.2 NAME	MARVIN MILLER			
STREET ADDRESS	3545 SPARROW LANE		5.3 STREET ADDRESS	3525 SPARROW LANE			
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP	MELBOURNE, FL 32935			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BOYD, PEGGY		6.2 NAME	ART MONTERASTELLI			
STREET ADDRESS	3516 QUAIL TRAIL		6.3 STREET ADDRESS	3517 SANDPIPER LANE			
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP	MELBOURNE, FL 32935			

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, or on an attachment with an address with all other like empowered.

SIGNATURE:



Date

Daytime Phone #

CR2E037 (11/98)