

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90005 002 ****61.25

DOCUMENT # N01239

1. Entity Name

QUAIL VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3521 QUAIL TR
MELBOURNE FL 32935**

**3521 QUAIL TR
MELBOURNE FL 32935-4726**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2865758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT
3567 SANDPIPER LANE
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name **H. SCOTT LEESBERG**

Street Address (P.O. Box Number is Not Acceptable)

3553 SPARROW LANE

City

MELBOURNE

FL

Zip Code

32935

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

H. Scott Leesberg **H. SCOTT LEESBERG**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/2000

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete

NAME **PD
JOHNSON, ROBERT**
STREET ADDRESS **3567 SANDPIPER LANE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☒ Delete

NAME **VPD
HENRY, DORIS**
STREET ADDRESS **3559 SANDPIPER LANE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☒ Delete

NAME **TR
KELLY, JAMES D.**
STREET ADDRESS **1720 QUAIL TRAIL**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete

NAME **D
WATTS, BERYL E**
STREET ADDRESS **3512 SANDPIPER LANE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete

NAME **D
MILLER, MARVIN**
STREET ADDRESS **3525 SPARROW LANE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☒ Delete

NAME **D
MONTERASTELLI, ART**
STREET ADDRESS **3517 SANDPIPER LANE**
CITY-ST-ZIP **MELBOURNE FL 32935**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME **PD
H. SCOTT LEESBERG**
STREET ADDRESS **3553 SPARROW LANE**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☒ Change ☐ Addition

NAME **VPD
TONY BADALUCCO**
STREET ADDRESS **3548 QUAIL TR.**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☒ Change ☐ Addition

NAME **TRD
FRANK BERNARD**
STREET ADDRESS **3565 SPARROW LN.**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Change ☒ Addition

NAME **SD
JOAN MAGDEN**
STREET ADDRESS **1858 QUAIL TRAIL**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Change ☒ Addition

NAME **D
CHARLEEN RANDALL**
STREET ADDRESS **3564 SANDPIPER LANE**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Art Monterastelli **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/00 254-0012