

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01239

1. Entity Name

QUAIL VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3521 QUAIL TR
MELBOURNE FL 32935

Mailing Address

3521 QUAIL TR
MELBOURNE FL 32935

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

7. Name and Address of New Registered Agent

LEESEBERG, SCOTT H
3553 S PARROW LANE
MELBOURNE FL 32935

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LEESEBERG, SCOTT H
STREET ADDRESS 3553 SPARROW LANE
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME BANKOSKY, JOHN A
STREET ADDRESS 3567 SANDPIPER LANE
CITY-ST-ZIP MELBOURNE FL 32935 ☒ Delete

TITLE VPD
NAME BLACKFORD, ROSELLA J.
STREET ADDRESS 3570 SPARROW LANE
CITY-ST-ZIP MELBOURNE, FL 32935 ☒ Change ☐ Addition

TITLE TRD
NAME BERNARD, FRANK
STREET ADDRESS 3565 SPARROW LN
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KINKEAD, ROXANNE
STREET ADDRESS 3544 QUAIL TRAIL
CITY-ST-ZIP MELBOURNE FL 32935 ☒ Delete

TITLE D
NAME CHARLEEN RANDALL
STREET ADDRESS 3544 SANDPIPER LN
CITY-ST-ZIP MELBOURNE, FLA 32935 ☐ Change ☒ Addition

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

TITLE D
NAME LOWRY, RUTH A
STREET ADDRESS 3513 SANDPIPER LN
CITY-ST-ZIP MELBOURNE FL 32935-4772 ☒ Change ☐ Addition

TITLE SD
NAME MADDEN, JOAN
STREET ADDRESS 1858 QUAIL TRAIL
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

Scott H. Leeseberg 3/25/02

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90947 003 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)