

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEESEBERG, SCOTT H	
STREET ADDRESS	3553 SPARROW LANE	
CITY-STATE-ZIP	MELBOURNE FL 32935	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LAMBORGHINI, JAMES	
STREET ADDRESS	3558 SPARROW LANE	
CITY-STATE-ZIP	MELBOURNE FL 32935	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	BERNARD, FRANK	
STREET ADDRESS	3565 SPARROW LN	
CITY-STATE-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANDALL, CHARLEEN	
STREET ADDRESS	3564 SANDPIPER LANE	
CITY-STATE-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOSS, RUSS	
STREET ADDRESS	1850 QUAIL TRAIL	
CITY-STATE-ZIP	MELBOURNE FL 32935	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MADDEN, JOAN	
STREET ADDRESS	1858 QUAIL TRAIL	
CITY-STATE-ZIP	MELBOURNE FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000632532
CITY-STATE-ZIP	02/21/07-80026-011 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

*Scott H. Leeseberg* Treasurer

2/9/07

321-254-0072