

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90040 030 ****61.25

DOCUMENT # N02000002183					
1. Entity Name PASCO QUAIL WOODS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 7774 ZEPHYRHILLS, FL 33544			Mailing Address P.O. BOX 7774 ZEPHYRHILLS, FL 33544		
2. Principal Place of Business - No P.O. Box # P.O. Box 7774 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7774 Suite, Apt. #, etc.			
City & State WESLEY CHAPEL, FL Zip 33544 Country		City & State WESLEY CHAPEL, FL Zip 33544 Country		4. FEI Number 75-3025883	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, WAYNE T 7014 FRASCATI LOOP ZEPHYRHILLS, FL 33544			7. Name and Address of New Registered Agent Name GERALD G. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 27832 SORA BLVD. City WESLEY CHAPEL FL Zip Code 33544		
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 <u><i>G. Michael</i></u> FEB. 5, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, WAYNE T 7014 FRASCATI LOOP ZEPHYRHILLS, FL 33544	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUGGERI, JOHN 7000 FRASCATI LOOP ZEPHYRHILLS, FL 33544	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRENNAN, KELLY 7015 FRASCATI LOOP WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, DARREN 27616 SORA BLVD. WESLEY CHAPEL, DR 33544	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, FRANK 27818 SORA BLVD. WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL, GERALD 27832 SORA BLVD. WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCLAIN, SEAN 27810 SORA BLVD. WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>G. Michael</i></u>		FEB. 5, 2007		813-483-2054	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	