

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 18, 2009**  
**Secretary of State**

DOCUMENT# N02000002183

**Entity Name:** PASCO QUAIL WOODS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**27832 SORA BLVD.  
WESLEY CHAPEL, FL 33544**New Principal Place of Business:**2002 N. LOIS AVENUE  
SUITE 507  
TAMPA, FL 33607**Current Mailing Address:**2002 N. LOIS AVENUE  
SUITE 507  
TAMPA, FL 33607**New Mailing Address:****FEI Number:** 75-3025883**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COMMUNITY ASSOCIATION MANAGEMENT SVCS  
2002 N. LOIS AVENUE  
SUITE 507  
TAMPA, FL 33607 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** MCCLAIN, SEAN  
**Address:** 27810 SORA BLVD  
**City-St-Zip:** WESLEY CHAPEL, FL 33544**Title:** VD ( ) Delete  
**Name:** KAZANOVICZ, PAT  
**Address:** 6926 FRASCATI LOOP  
**City-St-Zip:** WESLEY CHAPEL, FL 33544**Title:** TD ( ) Delete  
**Name:** GUARISCO, SEBASTIAN  
**Address:** 27826 SORA BLVD  
**City-St-Zip:** WESLEY CHAPEL, FL 33544**Title:** SD ( ) Delete  
**Name:** BLANCHARD, HOWARD  
**Address:** 14 ISLAND HILL AVE, #310  
**City-St-Zip:** MELROSE, MA 02176**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN K. LAMB

CEO

11/18/2009

Electronic Signature of Signing Officer or Director

Date