## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002820

FILED Apr 26, 2004 Secretary of State

Entity Name: QUAIL OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 10233 CYPRESS COVE LN CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 10233 CYPRESS COVE LN CLERMONT, FL 34711 US FEI Number: 03-0463194 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANGLEY, RICHARD H 700 ALMOND ST CLERMONT, FL 34711 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete JONES, JON Name: Name: Address: 10233 CYPRESS COVE LN Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: JONES, JON Name: Address: 10233 CYRPESS COVE LN Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: DST () Delete Title: () Change () Addition JONES, JOANN Name: Name: 10233 CYRPESS COVE LN Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JON JONES DP 04/26/2004