


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90123 020 \*\*\*\*61.25

<b>DOCUMENT # N02000002820</b> 1. Entity Name <b>QUAIL OAKS HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>166 QUAIL OAKS CIR</b> <b>GROVELAND, FL 34736 US</b>		Mailing Address <b>166 QUAIL OAKS CIR</b> <b>GROVELAND, FL 34736 US</b>	
2. Principal Place of Business - No P.O. Box # <b>105 Quail Oaks Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>105 Quail Oaks Circle</b> Suite, Apt. #, etc.	
City & State <b>Groveland, FL</b> Zip - <b>34736</b> Country <b>US</b>		City & State <b>Groveland, FL</b> Zip <b>34736</b> Country <b>US</b>	
4. FEI Number <b>03-0463194</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JONES, BRET</b> <b>700 ALMOND ST</b> <b>CLERMONT, FL 34711</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LANGER, CHARLES</b> <b>105 QUAIL OAKS CIR</b> <b>GROVELAND, FL 34736</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>O'CONNOR, KEVIN</b> <b>102 QUAIL OAKS CIRCLE</b> <b>GROVELAND, FL 34736</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LANGER, VICTORIA</b> <b>168 QUAIL OAKS CIRCLE</b> <b>GROVELAND, FL 34736</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>O'CONNOR, STACEY</b> <b>102 QUAIL OAKS CIR</b> <b>GROVELAND, FL 34736</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P + S</b> <b>Stacey O'Connor</b> <b>102 Quail Oaks Circle</b> <b>Groveland, FL 34736</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 *Stacey L. O'Connor*

*4/22/08*

*(352) 429-9820*