

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007506

FILED  
May 29, 2009  
Secretary of State

Entity Name: QUAIL HOLLOW ELEMENTARY SCHOOL PTO INC.

**Current Principal Place of Business:**

7050 QUAIL HOLLOW BOULEVARD  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

7050 QUAIL HOLLOW BOULEVARD  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

FEI Number: 20-0619317      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

POWERS, MARGARET  
8000 SHENANDOAH RUN  
WESLEY CHAPEL, FL 33544 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: VD ( ) Delete  
Name: BROOKS, SCOTT  
Address: 6545 COUNTRY CLUB RD  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VD1 ( ) Delete  
Name: HOFF, TISH  
Address: 6933 ORVICTI CT  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: SD ( ) Delete  
Name: HOOK, SHELBY  
Address: 27221 ELKWOOD CIRCLE  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: TD ( ) Delete  
Name: POWERS, MARGARET  
Address: 8000 SHENANDOAH RUN  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VD2 ( ) Delete  
Name: GLIME, BECKY  
Address: 6630 COUNTRY CLUB RD  
City-St-Zip: WESLEY CHAPEL, FL 33544

**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:

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: MARGARET POWERS

TD

05/29/2009

Electronic Signature of Signing Officer or Director

Date