

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001316

FILED
Apr 13, 2006
Secretary of State

Entity Name: QUAIL HOLLOW OF LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3789180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 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: KWIATKOWSKI, HARRY S
Address: 306 NEBRASKA AVE
City-St-Zip: LONGWOOD, FL 32750

Title: VPD () Delete
Name: GREENAWALT, TOM
Address: 1101 N KELLER ROAD SUITE F
City-St-Zip: ORLANDO, FL 32810

Title: STD () Delete
Name: SPENCE, KIMBERLY K
Address: 306 NEBRASKA AVE
City-St-Zip: LONGWOOD, FL 32750

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRUBB, JOHN
Address: 2221 SANDRIDGE CIR
City-St-Zip: EUSTIS, FL 32726

Title: VPD (X) Change () Addition
Name: SCARINGELLA, MIKE
Address: 2248 SANDRIDGE CIR
City-St-Zip: EUSTIS, FL 32726

Title: D (X) Change () Addition
Name: LAYTON, CLAYTON
Address: 2154 SANDRIDGE CIR
City-St-Zip: EUSTIS, FL 32726

Title: D () Change (X) Addition
Name: MENDEZ, CHRISTOPHER
Address: 2138 SANDRIDGE CIR
City-St-Zip: EUSTIS, FL 32726

Title: D () Change (X) Addition
Name: CALLIN, MIKE
Address: 2126 SANDRIDGE CIR
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN GRUBB

PD

04/13/2006

Electronic Signature of Signing Officer or Director

Date