


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N04000005885	
1. Entity Name QUAIL HOLLOW FARM HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 17204 NW CR 239 ALACHUA FL 32615 <i>17204 NW CR 239</i>	Mailing Address P.O. BOX 2220 ALACHUA FL 32616-2220
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <i>PO BOX 2220</i> Suite, Apt. #, etc.
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City & State <i>ALACHUA, FL</i>	City & State <i>ALACHUA, FL</i>
Zip <i>32615</i>	Zip <i>32616</i>
Country <i>Alachua</i>	Country <i>Alachua</i>

4. FEI Number 03-0557532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARRISH, ALLENE D 17204 NW CR 239 ALACHUA FL 32615	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARRISH, DAVID D		NAME	
STREET ADDRESS 12606 NW 142ND TERR		STREET ADDRESS	
CITY-ST-ZIP ALACHUA FL 32615		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARRISH, KEVIN D		NAME	
STREET ADDRESS 16902 NW CR 239		STREET ADDRESS	
CITY-ST-ZIP ALACHUA FL 32615		CITY-ST-ZIP	
TITLE PS	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARRISH, ALLENE D		NAME	
STREET ADDRESS 17204 NW CR 239		STREET ADDRESS	
CITY-ST-ZIP ALACHUA FL 32615		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Alleene D. Parrish* **ALLENE D. PARRISH** *4-24-07* *386-462-1974*