2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# N04000005885

Entity Name: QUAIL HOLLOW FARMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17204 NW CR 239
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2220
ALACHUA, FL 326162220

New Mailing Address:

FEI Number: 03-0557532 **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:

PARRISH, ALLENE D
17204 NW CR 239
ALACHUA, FL 32615 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: VP ( ) Delete
Name: PARRISH, DAVID D
Address: 12606 NW 142ND TERR
City-St-Zip: ALACHUA, FL 32615

Title: VP ( ) Delete
Name: PARRISH, KEVIN D
Address: 16902 NW CR 239
City-St-Zip: ALACHUA, FL 32615

Title: PS ( ) Delete
Name: PARRISH, ALLENE D
Address: 17204 NW CR 239
City-St-Zip: ALACHUA, FL 32615

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:

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: ALLENE D. PARRISH PS 06/26/2009
Electronic Signature of Signing Officer or Director — Date