

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90320 002 ****61.25

60025399



03222006 Chg-NP CR2E037 (11/05)

4. FEI Number **52-2455099** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DOCUMENT # N05000002566
1. Entity Name
QUAIL WOODS OF PASCO HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**116 FLAGSHIP DR
LUTZ, FL 33549**

Mailing Address
**116 FLAGSHIP DR
LUTZ, FL 33549**

2. Principal Place of Business
3840 Land O Lakes Blvd
Suite, Apt. #, etc.

3. Mailing Address
S9mc 9S #2
Suite, Apt. #, etc.

City & State
Land O Lakes, FL

City & State

Zip
34639 Country
USA

Zip Country

6. Name and Address of Current Registered Agent
**LIEBRECHT, TOM
116 FLAGSHIP DR
LUTZ, FL 33549**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3840 Land O Lakes Blvd
City
Land O Lakes FL Zip Code
34639

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HULL, KURT 116 FLAGSHIP DR LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3840 Land O Lakes Blvd Land O Lakes, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIEBRECHT, TOM 116 FLAGSHIP DR LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3840 Land O Lakes Blvd Land O Lakes, FL 34639
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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: Kurt H. Hull **4466 (813) 909-8644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #