

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90021 014 ****61.25

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1. Entity Name

QUAIL WOODS OF PASCO HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business

3840 LAND O LAKES BLVD
LAND O LAKES, FL 34639

Mailing Address

3840 LAND O LAKES BLVD
LAND O LAKES, FL 34639

DO NOT WRITE IN THIS SPACE



03192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

52-2455099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEBRECHT, TOM
3840 LAND O LAKES BLVD
LAND O LAKES, FL 34639

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
HULL, KURT
3840 LAND O LAKE S BLVD
LAND O LAKES, FL 34639

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LIEBRECHT, TOM
3840 LAND O LAKES BLVD
LAND O LAKES, FL 34639

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STOLTZFUS, ALBERTA
3840 LAND O LAKES BLVD
LAND O LAKES, FL 34639

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Tom Liebrecht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/08
Date

(813) 909-9644

Daytime Phone #