


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N05757 1. Entity Name ASSOCIATED PROPERTY OWNERS OF QUAIL RIDGE, INC.	
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Principal Place of Business % BERKLEY, PAUL D 8362 SE QUAIL RIDGE WAY, POB 8501 HOBE SOUND, FL 33475	Mailing Address % BERKLEY, PAUL D 8362 SE QUAIL RIDGE WAY, POB 8501 HOBE SOUND, FL 33475
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01142006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0027670	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 BERKLEY, PAUL D 8362 SE QUAIL RIDGE WAY PO BOX 8501 HOBE SOUND, FL 33475
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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	TD BERKLEY, PAUL D 8362 SE QUAIL RIDGE WAY HOBE SOUND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRENNEN, DAVID 3451 SE QUAIL RIDGE WAY HOBE SOUND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WESSON, DONALD 8392 SE QUAIL RIDGE WAY HOBE SOUND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENT, KATHY 8452 SE QUAIL RIDGE WAY HOBE SOUND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/06-80007-025 61.25

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-06 7725461720
Date Daytime Phone #