



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05757</b> 1. Entity Name <b>ASSOCIATED PROPERTY OWNERS OF QUAIL RIDGE, INC.</b>	
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Principal Place of Business <b>% BERKLEY, PAUL D 8362 SE QUAIL RIDGE WAY, POB 8501 HOBE SOUND, FL 33475</b>	Mailing Address <b>% BERKLEY, PAUL D 8362 SE QUAIL RIDGE WAY, POB 8501 HOBE SOUND, FL 33475</b>
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01142007 No Chg-NP	CR2E037 (4/06)
4. FEI Number <b>65-0027670</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

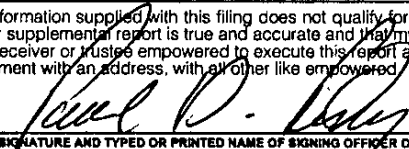
6. Name and Address of Current Registered Agent  <b>BERKLEY, PAUL D 8362 SE QUAIL RIDGE WAY PO BOX 8501 HOBE SOUND, FL 33475</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000590983</b> <b>01/19/07-80004-021 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BERKLEY, PAUL D 8362 SE QUAIL RIDGE WAY HOBE SOUND, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRENNEN, DAVID 3451 SE QUAIL RIDGE WAY HOBE SOUND, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WESSON, DONALD 8392 SE QUAIL RIDGE WAY HOBE SOUND, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KENT, KATHY 8452 SE QUAIL RIDGE WAY HOBE SOUND, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.	
<b>SIGNATURE:</b>  <b>PAUL D. BERKLEY</b> <b>1-14-07 772-546-1720</b>	<small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>