



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

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| 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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DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

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| 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 | |

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| 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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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.

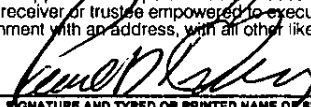
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000777385 01/10/08-80005-012 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
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| 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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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:  **PAUL D. BERKLEY** 1/5/08 772 546-1720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #