

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N13745**

1. Entity Name

QUAIL HAVEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**P O BOX 419
MIMS FL 32754**

Mailing Address

**P O BOX 419
MIMS FL 32754**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2904730

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, EUGENE F.
3720 WOODDUCK DRIVE
MIAMI FL 32754**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ DeleteNAME **SMYTH, ERAY JR**STREET ADDRESS **3705 QUAIL HAVEN DR.**CITY-ST-ZIP **MIMS FL 32954**TITLE **VED** ☐ DeleteNAME **ZON, THOMAS**STREET ADDRESS **3748 E.R SMYTH DR**CITY-ST-ZIP **MIMS FL**TITLE **STD** ☐ DeleteNAME **CARTER, EUGENE**STREET ADDRESS **3720 WOOD DUCK DRIVE**CITY-ST-ZIP **MIMS FL**TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **ERAY JR SMYTH** SIGNATURE: **EUGENE F CARTER****FILED
Sep 21, 2001 8:00 am
Secretary of State**

09-21-2001 90004 016 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037(5/01)