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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14715** (9)

1. Corporation Name

QUAIL HOLLOW VILLAGE AND WILLOW LAKES SUBDIVISION CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 7202
WESLEY CHAPEL FL 33543-7202

P.O. BOX 7202
WESLEY CHAPEL FL 33543-7202



3. Date Incorporated or Qualified
05/05/1986

3a. Date of Last Report
04/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLORCH, ROSE MARIE
4904 STEEL DUST LANE
LUTZ FL 33549**

81 Name	RITCHEL KLINGENSMITH
82 Street Address (P.O. Box Number is Not Acceptable)	4535 DEBBIE LN
83	LUTZ FL 33549
84 City	LUTZ
85 Zip Code	FL 33549

11. I am the registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Ritchel Klingensmith* **RITCHEL KLINGENSMITH** 3/12/1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORCH, ROSE MARIE	1.2 NAME	MANUEL GONZALES
STREET ADDRESS	4904 STEEL DUST LANE	1.3 STREET ADDRESS	4880 TALIPA DOWNS BLVD
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VIC-PRESIDENT/TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVENCAL, RAY	2.2 NAME	JOHN LUKES
STREET ADDRESS	4926 BILLY DIRECT LANE	2.3 STREET ADDRESS	4615 TALIPA DOWNS BLVD
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER/TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURAR, WILLIAM	3.2 NAME	RITCHEL KLINGENSMITH
STREET ADDRESS	26744 HICKORY LP	3.3 STREET ADDRESS	4535 DEBBIE LN
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	D / TRUSTEE <input type="checkbox"/> DELETE	4.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEIT, FOREST	4.2 NAME	BARBARA KLINGENSMITH
STREET ADDRESS	4760 STEELDUST LN	4.3 STREET ADDRESS	4535 DEBBIE LN
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ritchel Klingensmith* **RITCHEL KLINGENSMITH** 3/12/97 813-973-1097

CR2E037 (9/96)