

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14855

FILED
Mar 05, 2009
Secretary of State

Entity Name: QUAIL RUN HOMEOWNERS' ASSOCIATION OF CITRUS COUNTY, INC.

Current Principal Place of Business:

1490 E REDPOLL TERACE
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

P O BOX 267
HOLDER, FL 34445

New Mailing Address:

FEI Number: 59-2805081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSFELD, WILLIAM
1249 E. SILVER THORN LOOP
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSSFELD, WILLIAM
Address: 1249 E. SILVER THORN LOOP
City-St-Zip: HERNANDO, FL 34442

Title: VPD () Delete
Name: STERN, EDGAR
Address: 1325 E BLUEBIRD CT
City-St-Zip: HERNANDO, FL 34442

Title: TD () Delete
Name: MEYER, DONALD
Address: 7120 N GRACKLE POINT
City-St-Zip: HERNANDO, FL 34442

Title: SD () Delete
Name: MEYER, KATHLEEN
Address: 7120 N GRACKLE POINT
City-St-Zip: HERNANDO, FL 34442

Title: ATD () Delete
Name: HALL, GLEN
Address: 1186 BLUEBIRD COURT
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SCHWENKER, WOLFGANG
Address: 7111 N GRACKLE POINT
City-St-Zip: HERNANDO, FL 34442

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ROSSFELD

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date