

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 09, 2010**  
**Secretary of State**

DOCUMENT# N14855

**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:**1490 E REDPOLL TERACE  
HERNANDO, FL 34442**FEI Number:** 59-2805081**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**KNIGHTON, GENE  
7149 N. GRACKLE PT.  
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  
Name: KNIGHTON, GENE  
Address: 7149 N. GRACKLE PT.  
City-St-Zip: HERNANDO, FL 34442

Title: VPD  
Name: RIVET, INA  
Address: 7160 N. GRACKLE PT.  
City-St-Zip: HERNANDO, FL 34442

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

Title: D  
Name: STERN, ED  
Address: 1325 E BLUEBIRD CT  
City-St-Zip: HERNANDO, FL 34442

I hereby 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 all other like empowered.

SIGNATURE: GENE KNIGHTON

PD

06/09/2010

Electronic Signature of Signing Officer or Director

Date