2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N19575

Entity Name: THE QUAIL RIDGE FARMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6015 MORROW ST. E.
SUITE 107
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6015 MORROW ST. E.
SUITE 107
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-2794519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANNING, TERENCE K.
6015 MORROW ST., E.
SUITE 107
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

BANNING MANAGEMENT INC
6015 MORROW ST., E.
SUITE 107
JACKSONVILLE, FL 32217 US

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: BANNING MANAGEMENT INC 04/25/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DOWLING, RAY
Address: 10629 QUAIL RIDGE DR
City-St-Zip: ST. AUGUSTINE, FL

Title: SD ( ) Delete
Name: JOHNSON, CHARLES R
Address: 10620 QUAIL RIGDE DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: TP ( ) Delete
Name: CRONIN, BILL
Address: 10704 QUAIL RIDGE DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAYADO, MARYSOL
Address: 10645 QUAIL RIDGE DR
City-St-Zip: ST. AUGUSTINE, FL

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 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 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: MARYSOL CAYADO PD 04/25/2005
Electronic Signature of Signing Officer or Director Date