

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19575

FILED
Apr 17, 2006
Secretary of State

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 MANAGEMENT INC
6015 MORROW ST., E.
SUITE 107
JACKSONVILLE, FL 32217 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: CAYADO, MARYSOL
Address: 10645 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: MASDEA, SUE
Address: 10624 QUAIL RIDGE DR
City-St-Zip: ST. AUGUSTINE, FL

Title: SD (X) Change () Addition
Name: DONAHUE, KIMBERLY
Address: 10673 QUAIL RIGDE DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

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 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: SUE MASDEA

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date