## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N19575

FILED Feb 10, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

6015 MORROW ST. E. SUITE 107

JACKSONVILLE, FL 32217

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: VD

Name: MASDEA, SUE

Address: 10624 QUAIL RIDGE DR City-St-Zip: ST. AUGUSTINE, FL

Title: PD

 Name:
 LAROCCA, TONY

 Address:
 10605 QUAIL RIGDE DR

 City-St-Zip:
 SAINT AUGUSTINE, FL 32095

Title:

 Name:
 JOHNSON, RON

 Address:
 10620 QUAIL RIDGE DR

 City-St-Zip:
 SAINT AUGUSTINE, FL 32095

Title:

Name: HAUSER, LEE

Address: 10720 QUAIL RIDGE DR City-St-Zip: PONTE VEDRA, FL 32081

Title:

 Name:
 TULLY, WILLIAM E

 Address:
 10625 QUAIL RIDGE DRIVE

 City-St-Zip:
 PONTE VEDRA, FL 32081

Title: [

Name: MCNALLY, SHEILA
Address: 10628 QUAIL RIDGE DRIVE
City-St-Zip: PONTE VEDRA, FL 32081

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: TONY LAROCCA PD 02/10/2010