


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90182 012 ****61.25

DOCUMENT # N20172 1. Entity Name QUAIL MEADOW PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 3158 N.W. 49TH AVENUE OCALA, FL 34482 US				Mailing Address 3158 N.W. 49TH AVENUE OCALA, FL 34482 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0054332				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROLAND, JOHNSON 4981 NW 34TH PLACE OCALA, FL 34482			7. Name and Address of New Registered Agent Name <u>John Zdarsky</u> Street Address (P.O. Box Number is Not Acceptable) <u>3277 NW 46th CT</u> City <u>Ocala</u> FL <u>34482</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZDARSKY, JOHN 3277 NW 46TH CT OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John Zdarsky 3277 NW 46th CT Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBERIS, TONY 4815 NW 34TH PLACE OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Judy Zobel 4876 NW 35th St Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ROLAND 4981 NW 34 PLACE OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James McHale 4780 NW 30th Pl Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINETT, LAVADA 3221 NW 46TH COURT OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Maxine Turley 4871 NW 32nd St Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HINTZKE, DAVID 4980 NW 34 PLACE OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Elaine Sherwin 3306 NW 45th CT Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, RALPH 4835 NW 32ND STREET OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty Campo 5034 NW 32nd Pl Ocala FL 34482	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John Zdarsky - John Zdarsky</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/30/07</u> <small>Date</small>		<u>352-671-7488</u> <small>Daytime Phone #</small>