


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90044 011 \*\*\*\*61.25

<b>DOCUMENT # N20172</b> 1. Entity Name <b>QUAIL MEADOW PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3158 N.W. 49TH AVENUE OCALA, FL 34482 US</b>			Mailing Address <b>3158 N.W. 49TH AVENUE OCALA, FL 34482 US</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent ---	
<b>ZDARSKY, JOHN</b> <b>3277 NW 46TH CT</b> <b>OCALA, FL 34482</b>				Name <b>ZOBEL JUDY</b> Street Address (P.O. Box Number is Not Acceptable) <b>4876 NW 35th ST</b>  City <b>OCALA</b> FL Zip Code <b>34482</b>	
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 <u>JUDY ZOBEL</u> x <u>Judy Zobel</u> <span style="float: right;">2-1-2008</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ZDARSKY, JOHN</b> <b>3277 NW 46TH CT</b> <b>OCALA, FL 34482</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ZOBEL, JUDY</b> <b>4876 NW 35th ST</b> <b>OCALA, FL 34482</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BARBERIS, TONY</b> <b>4815 NW 34TH PLACE</b> <b>OCALA, FL 34482</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>AVERY, DOROTHY</b> <b>3260 NW 50th CT</b> <b>OCALA, FL 34482</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MCHALE, JAMES</b> <b>4780 NW 30TH PL</b> <b>OCALA, FL 34482</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>TURLEY, MADINE</b> <b>4871 NW 32ND ST</b> <b>OCALA, FL 34482</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>TURLEY, ELLA M.</b> <b>4871 NW 32nd ST</b> <b>OCALA, FL 34482</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ELAINE, SHERWIN</b> <b>2306 NW 45TH CT</b> <b>OCALA, FL 34482</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CAMPO, BETTY</b> <b>5034 NW 32ND PLACE</b> <b>OCALA, FL 34482</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CAMPO, BETTY</b> <b>5034 NW 32nd PLACE</b> <b>OCALA, FL 34482</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Dorothy Avery</u> <b>DOROTHY AVERY</b> <span style="float: right;">2-1-08 352-401-0108</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					