

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20172

FILED
Apr 25, 2009
Secretary of State

Entity Name: QUAIL MEADOW PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3158 N.W. 49TH AVENUE
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

3158 N.W. 49TH AVENUE
OCALA, FL 34482 US

New Mailing Address:

FEI Number: 65-0054332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOBEL, JUDY
4876 NW 35TH ST
OCALA, FL 34482 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: ZOBEL, JUDY
Address: 4876 NW35TH ST
City-St-Zip: OCALA, FL 34482

Title: TD3 () Delete
Name: DOROTHY, AVERY
Address: 3260 NW 50TH CT
City-St-Zip: OCALA, FL 34482

Title: SD () Delete
Name: TRLEY, ELLA M
Address: 4871 NW 32ND ST.
City-St-Zip: OCALA, FL 34482

Title: TD () Delete
Name: ELAINE, SHERWIN
Address: 2306 NW 45TH CT
City-St-Zip: OCALA, FL 34482

Title: VD3 () Delete
Name: CAMPO, BETTY
Address: 5034 NW 32ND PLACE
City-St-Zip: OCALA, FL 34482

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD3 (X) Change () Addition
Name: DOROTHY, AVERY V
Address: 3260 NW 50TH CT
City-St-Zip: OCALA, FL 34482

Title: SD (X) Change () Addition
Name: TURLEY, ELLA M
Address: 4871 NW 32ND ST.
City-St-Zip: OCALA, FL 34482

Title: TD (X) Change () Addition
Name: SHERWIN, ELAINE
Address: 2306 NW 45TH CT
City-St-Zip: OCALA, FL 34482

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: WARE, DONNA
Address: 4534 NW 35TH ST
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify 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: DOROTHY V. AVERY

TD

04/25/2009

Electronic Signature of Signing Officer or Director

Date