

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # N21377

1. Entity Name

QUAIL RIDGE OF COCOA CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

1957 QUAIL RIDGE CT
COCOA, FL 32926 US

Mailing Address

1957 QUAIL RIDGE CT
COCOA, FL 32926 US



03302007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2936031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD PALARDY
COASTAL ASSN MGT. INC.
3612 CRASSBOW DR.
COCOA, FL 32926

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FAVATA, BOB
STREET ADDRESS	1917 QUAIL RIDGE CT #1904
CITY-ST-ZIP	COCA, FL 32926
TITLE	VD
NAME	PATT, THERESA
STREET ADDRESS	1946 QUAIL RIDGE CT #803
CITY-ST-ZIP	COCOA, FL 32926
TITLE	T
NAME	BAUERNFERND, EMILY
STREET ADDRESS	1956 QUAIL RIDGE CT. 31803
CITY-ST-ZIP	COCOA, FL 32926
TITLE	S
NAME	FAVATA, LOUISE
STREET ADDRESS	1917 QUAIL RIDGE CT #1804
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	HENRY, JODIE
STREET ADDRESS	1943 QUAIL RIDGE CT. #604
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80030-019 61.25

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IN THIS SPACE**

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:

Bob Favata
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07 636-2855
Date Daytime Phone #