

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21539

FILED
Apr 13, 2009
Secretary of State

Entity Name: QUAIL RIDGE HOMEOWNERS' ASSOCIATION OF SEMINOLE, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 434
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 434
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2850255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: VPD () Delete
Name: SIEQ, JAMES
Address: 10016 ASHLEY DR
City-St-Zip: SEMINOLE, FL 33772

Title: PD () Delete
Name: HEAP, DOROTHY
Address: 10085 ASHLEY DR
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: GIANMMARCO, ALAN
Address: 9811 ASHLEY DR
City-St-Zip: SEMINOLE, FL 33772

Title: SD () Delete
Name: READ, NANCY
Address: 9815 ASHLEY DR
City-St-Zip: SEMINOLE, FL 33772

Title: TD () Delete
Name: OLIVER, MARY S
Address: 9823 ASHLEY DRIVE
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SIEG, JAMES
Address: 10016 ASHLEY DR
City-St-Zip: SEMINOLE, FL 33772

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

Title: D (X) Change () Addition
Name: GIANMMARCO, ALAN
Address: 9811 ASHLEY DR
City-St-Zip: SEMINOLE, FL 33772

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

Title: SD (X) Change () Addition
Name: FOSTER, SUSAN
Address: 9928 ASHLEY DRIVE
City-St-Zip: SEMINOLE, FL 33772

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 HEAP

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date