2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/

FILED
Jun 20, 2005 8:00 am
Secretary of State
03-15-2005 90029 040 ****61.25

66023352

DOCUMENT # N21755

1. Entity Name

QUAIL RIDGE ASSOCIATION AT SUNTREE, INC.

Principal Place of Business
857 RIDGE LAKE DR.
MELBOURNE, FL 32940 U

Mailing Address
MELBOURNE, FL 32940 US

Chg-NP CR2E037 (10/03)
02162005

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-2847822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, FRANCIS M
6939 N. WICKHAM RD.
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P WEIL, HOWARD 693 RIDGE LAKE DR MELBOURNE, FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMPSON, DAN 890 RIDGE LAKE DR. MELBOURNE FL 32940 — PRES ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HEMMIS, LYNN 820 RIDGE LAKD DR MELBOURNE, FL 32940 — SECRETARY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KAUFMANN, RUTH 861 RIDGE LAKE DR, — VICE PRES MELBOURNE, FL 32940 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JONES, PEGGY 855 RIDGE LAKE DR MELBOURNE, FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHOOK, GUDRUN 831 RIDGE LAKE DR. — TREAS MELBOURNE, FL 32940 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VAN PRAAG, MARIE 814 RIDGE LAKE DR MELBOURNE, FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~C.R. ASHTON~~ ~~840 RIDGE LAKE DR.~~ ~~MELBOURNE, FL 32940~~ ~~☐ Change ☒ Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, DAN 890 RIDGE LAKE DR MELBOURNE, FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BLDG MAINT AND AR HICKS DAN 896 RIDGE LAKE DR. MELBOURNE, FL 32940 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, FRANK 865 RIDGE LAKE DR MELBOURNE, FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GROUNDS & LAKES LOCKE, MICHAEL 811 RIDGE LAKE DR. MELBOURNE, FL 32940 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #