

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90255 015 \*\*\*\*61.25

**DOCUMENT # N21755**

1. Entity Name

QUAIL RIDGE ASSOCIATION AT SUNTREE, INC.



Principal Place of Business

857 RIDGE LAKE DR.  
MELBOURNE FL 32940  
US

Mailing Address

857 RIDGE LAKE DR.  
MELBOURNE FL 32940  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2847622

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, DAN	
STREET ADDRESS	890 RIDGE LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HEMMIS, LYNN	
STREET ADDRESS	820 RIDGE LAKE DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHOOK, CUDRUN	
STREET ADDRESS	831 RIDGE LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KAUFMANN, RUTH	
STREET ADDRESS	861 RIDGE LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKS, DAN	
STREET ADDRESS	896 RIDGE LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKE, MICHAEL	
STREET ADDRESS	811 RIDGE LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Addition
NAME	WEIL, HOWARD	
STREET ADDRESS	893 RIDGE LAKE DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL ANTOINETTE	
STREET ADDRESS	865 RIDGE LAKE DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOOK, GUDRUN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, CAROLINE	
STREET ADDRESS	871 RIDGE LAKE DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, JOHN	
STREET ADDRESS	819 RIDGE LAKE DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Gudrun Shook* GUDRUN SHOOK

3-17-06

259-6273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #