

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21755

FILED
Mar 23, 2009
Secretary of State

Entity Name: QUAIL RIDGE ASSOCIATION AT SUNTREE, INC.

Current Principal Place of Business:

857 RIDGE LAKE DR.
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

6939 N WICKHAM RD
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-2847622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, FRANCIS M
6939 N. WICKHAM RD.
MELBOURNE, FL 32940 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: P () Delete
Name: MIGLIORE, JOE
Address: 816 RIDGE LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: S () Delete
Name: ROWLES, LAURA
Address: 827 RIDGE LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: VAN PRAAE, MARIE
Address: 914 RIDGE LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: V () Delete
Name: KRAMER, SID
Address: 852 RIDGE LAKE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Delete
Name: HILL, JOHN
Address: 819 RIDGE LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Delete
Name: BELL, FRANK
Address: 865 RIDGE LAKE DR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIGLIORE, JOSEPH
Address: 816 RIDGE LAKE DR
City-St-Zip: MELBOURNE, FL 32940

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

Title: T (X) Change () Addition
Name: SHODA, AL
Address: 832 RIDGE LAKE DR
City-St-Zip: MELBOURNE, FL 32940

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

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

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

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: JOSEPH MIGLIORE

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date