

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90194 030 ****61.25

DOCUMENT # N23961

1. Entity Name
QUAIL LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1400 QUAIL LAKE DRIVE
VENICE, FL 34293 US**

Mailing Address
**1400 QUAIL LAKE DRIVE
VENICE, FL 34293 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0027580

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLSON, ELAINE
1801 KILLDEER CT
VENICE, FL 34293**

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

**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
BARGMAN, WILLIAM
1500 QUAIL LAKE DRIVE
VENICE, FL 34293** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GOGO, DEBRA L
1726 KILL DEER CIR
VENICE, FL 34293** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CARLSON, ELAINE
1801 KILLDEER CT
VENICE, FL 34293** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CASSIDY, JOHN
1598 QUAIL LAKE DIVE
VENICE, FL 34293** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MARTIN, WILLIAM R.
1662 QUAIL LAKE DRIVE
VENICE, FL 34293** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARTER, GLADYS
1774 KILLDEER CIRCLE
VENICE, FL 34293** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DENNER, CHARLES
1241 COVEY COURT
VENICE, FL 34293** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PETRUZZI, KAY
1124 COVEY CIRCLE
VENICE, FL 34293** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRILL, JOSEPH
1449 QUAIL LAKE DRIVE
VENICE, FL 34293** ☐ 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:

ELAINE D. CARLSON
Elaine D. Carlson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-05

941-497-4596