

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90096 046 ****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**

901000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0027580

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2007**

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 **D** ☐ Delete
NAME **BRYAN, SUSETTE T**
STREET ADDRESS **1894 KILLDEER COURT**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **DS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Delete
NAME **SIGNORELN, ROSEMARIE**
STREET ADDRESS **1646 QUAIL LAKE DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **D** ☐ Change ☒ Addition
NAME **JAMES McCOSKEY**
STREET ADDRESS **1887 KILLDEER COURT**
CITY-ST-ZIP **VENICE, FL 34293**

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

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

TITLE **VP** ☒ Delete
NAME **MARTIN, WILLIAM R**
STREET ADDRESS **1662 QUAIL LAKE DRIVE**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **VP** ☐ Change ☒ Addition
NAME **DONALD HAGER**
STREET ADDRESS **1475 QUAIL LAKE DRIVE**
CITY-ST-ZIP **VENICE, FL 34293**

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

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

TITLE **P** ☐ Delete
NAME **HAZAILL, JOSEPH**
STREET ADDRESS **1449 QUAIL LAKE DRIVE**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☒ Change ☐ Addition
NAME **HARILL, JOSEPH**
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-29-07

Date

941-497-4596

Daytime Phone #