2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State
03-09-2007 90003 045 ****61.25

DOCUMENT # N27475

1. Entity Name
QUAIL COVE OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2620 EAST MAIN STREET WAUCHULA, FL 33873	P. O. BOX 690 LAKE PLACID, FL 33862-0690

03022007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12 Lake June in Winter Dr.	P.O. Box 690
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid, FL	City & State: Lake Placid, FL
Zip: 33852 Country: USA	Zip: 33862 Country: USA

4. FEI Number 65-0122853 ☐ 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
DEASE, MARTHA 2620 EAST MAIN ST WAUCHULA, FL 33873	Name: Susan Geitner, P.A. Street Address (P.O. Box Number is Not Acceptable): 12 Lake June in Winter Dr. City: Lake Placid FL Zip Code: 33852

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: Susan Geitner P.A. SUSAN GEITNER SEC/TREAS. 3-5-07
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCDEVITT, PETER H P.O. BOX 112 LAKE PLACID, FL 33862	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. RICHARD FOLSOM 44 LAKE JUNE IN WINTER DR LAKE PLACID, FL 33852	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEASE, MARTHA P.O. BOX 35 WAUCHULA, FL 33873	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JEROME SHIPLEY 40 LAKE JUNE IN WINTER DR. LAKE PLACID, FL 33852	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEASE, MARTHA P.O. BOX 35 WAUCHULA, FL 33873	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER SUSAN GEITNER 12 LAKE JUNE IN WINTER DR LAKE PLACID, FL 33852	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REAS, MONICA P.O. BOX 2212 WAUCHULA, FL 33873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEITNER, SUSAN 12 LK JUNE IN WINTER DR LAKE PLACID, FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SUSAN GEITNER 12 LAKE JUNE IN WINTER DR LAKE PLACID, FL 33852	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOLSOM, JEAN 44 LAKE JUNE IN WINTER DR LAKE PLACID, FL 33852	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LAURA SHIRLEY 48 LAKE JUNE IN WINTER DR LAKE PLACID, FL 33852	☐ Change ☑ Addition

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: Susan Geitner SUSAN GEITNER 3-5-07 (863) 2730145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #