



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90071 036 ****61.25

DOCUMENT # N27714 1. Entity Name QUAIL ASSOCIATION, INC.					
Principal Place of Business 3517 FINCH DR. MELBOURNE, FL 32935 US				Mailing Address 3517 FINCH DR. MELBOURNE, FL 32935 US	
2. Principal Place of Business - No P.O. Box # 1927 QUAIL TRL Suite, Apt. #, etc.		3. Mailing Address 1927 QUAIL TRL Suite, Apt. #, etc.			
City & State MELBOURNE FL 32		City & State MELBOURNE FL		4. FEI Number 59-2911575	
Zip 32935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NANNA, JOHN C 3517 FINCH DR. MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name BEVIS, BONNIE L Street Address (P.O. Box Number is Not Acceptable) 1927 QUAIL TRL City MELBOURNE FL Zip Code 32935	
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 <u><i>Bonnie L. Bevis</i></u> BONNIE L. BEVIS <u>March 2, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD MARSH, GEORGE 1874 QUAIL TRAIL MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEGALL, CHARLES 3533 FINCH DR MELBOURNE FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NANNA, JOHN 3519 FINCH DRIVE MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NANNA, JOHN 3519 FINCH DR MELBOURNE FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DALE, PHILLIPS 3500 FINCH DR. MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSHER, MARY 3516 FINCH DR. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEVIS, BONNIE L. 1927 QUAIL TRL MELBOURNE FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Bonnie L. Bevis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>March 2, 2007</u> <u>321 259 0525</u> <small>Date Daytime Phone #</small>		