

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27714

FILED  
May 14, 2010  
Secretary of State

**Entity Name:** QUAIL ASSOCIATION, INC.

**Current Principal Place of Business:**

1862 QUAIL TRAIL  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 360207  
MELBOURNE, FL 32936 US

**New Mailing Address:**

**FEI Number:** 59-2911575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BARD, JOHN D  
3521 SWALLOW DRIVE  
MELBOURNE, FL 32935 US

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: PD  
Name: MACINNES, BRIAN  
Address: 1862 QUAIL TRAIL  
City-St-Zip: MELBOURNE, FL 32935

Title: TD  
Name: AMORDE, CHAD  
Address: 3580 FINCH DRIVE  
City-St-Zip: MELBOURNE, FL 32935

Title: SD  
Name: BARD, JOHN D  
Address: 3521 SWALLOW DRIVE  
City-St-Zip: MELBOURNE, FL 32935

I hereby 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 all other like empowered.

SIGNATURE: JOHN D. BARD, PH.D.

SD

05/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date