

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N30362 QUAIL RIDGE ESTATES HOMEOWNERS ASSOCIATION,



FILED

Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90241 012 ****61.25 Principal Place of Business Mailing Address 1050A ELW PKWY 1050A ELW PKWY OLDSMAR, FL 34677 OLDSMAR, FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Cha-NP CR2E037 (11/05) 4. FEI Number 59-3019682 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOMINICK SCANNAVINO 1050A ELW PKWY Street Address (P.O. Box Number is Not Acceptable) OLDSMAR, FL 34677 City 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 9. Election Campaign Financing **\$5.00** May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F TITLE Delete KRIEGSMANN, JOHN 12436 QUAIL RIBGE DR. MULL, GARY NAME NAME STREET ADDRESS STREET ADDRESS 12332 CASSOWARY LANE SPRING HILL, FL 34610 SPRING HILL, FL 34610 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete NICHOLAS, GEORGE 12322 CASSOWARY LANE SPRING HILL, FL 34610 THAXTER, DAVID NAME NAME STREET ADDRESS 12308 CASSOWARY LANE STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34610 CITY-ST-ZIP ☐ Delete D SCHADWILL GUNTEL 12500 QUAIL LIDGE DRIVE SPRING HILL, FL 34610 TITLE TITI F NAME SHELLITO, EDWARD NAME STREET ADDRESS 12446 QUAIL RIDGE DR STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34610 CITY-ST-ZIP 🗶 Delete TITLE TITLE SACKRIDER KEN PRWY. COOMER, MICHAEL NAME NAME STREET ADDRESS 12638 FLAMINGO PKWY STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34610 SPRING HILL, FL 34610 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · 🔲 Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 applicate 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: _

Daytime Phone #