


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90011 047 ****61.25

DOCUMENT # N30362 1. Entity Name QUAIL RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 720 BROOKER CREEK BLVD. #206 OLDSMAR, FL 34677			Mailing Address 720 BROOKER CREEK BLVD. #206 OLDSMAR, FL 34677		
2. Principal Place of Business - No P.O. Box # 5831 Trable Creek Rd.		3. Mailing Address 5831 Trable Creek Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-3019682	
Zip 34652		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCANNAVINO, INC. 720 BROOKER CREEK BLVD. #206 OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name Community Management Services, Inc. Street Address (P.O. Box Number is Not Applicable) 5831 Trable Creek Rd. Suite E City New Port Richey FL Zip Code 34652		
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	PD	NAME	KRIEGSMANN, JOHN	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS			12436 QUAIL RIDGE DR		
CITY-ST-ZIP			SPRING HILL, FL 34610		
TITLE	SD	NAME	DUFFY, CAROLYN	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS			16751 M. DRUMMER LANE		
CITY-ST-ZIP			SPRING HILL, FL 34610		
TITLE	TD	NAME	WILLMAR, JAMIE	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS			16706 CRESTED ANGUS LANE		
CITY-ST-ZIP			SPRING HILL, FL 34610		
TITLE	VD	NAME	NEYRA, JESSE	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS			12222 QUAIL RIDGE DR.		
CITY-ST-ZIP			SPRING HILL, FL 34610		
TITLE	D	NAME	MARESKA, PETER	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS			16823 CRESTED ANGUS LANE		
CITY-ST-ZIP			SPRING HILL, FL 34610		
TITLE		NAME		<input type="checkbox"/> Delete	
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.					
TITLE		NAME	P Ron Samel	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			12213 Quail Ridge Dr.		
CITY-ST-ZIP			Spring Hill, FL 34610		
TITLE	VP	NAME	Carla Castro	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			12650 Flamingo Pkwy		
CITY-ST-ZIP			Spring Hill, FL 34610		
TITLE	S	NAME	Susan Nardozzi	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			16823 Chickadee Ct.		
CITY-ST-ZIP			Spring Hill, FL 34610		
TITLE	T	NAME	Angie Parsons	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			12723 Flamingo Pkwy		
CITY-ST-ZIP			Spring Hill, FL 34610		
TITLE	P	NAME	Ram Ferrera	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			16816 Midsummer Ln.		
CITY-ST-ZIP			Spring Hill, FL 34610		
TITLE		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: <u>Susan Nardozzi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____				Daytime Phone # 727-816-9900	