

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31884

FILED
Jan 14, 2009
Secretary of State

Entity Name: QUAIL LAKE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

14101 TOWN LOOP BLVD.
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

14101 TOWN LOOP BLVD.
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-2923140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, ROBERT L
850 CONCOURSE PARKWAY SOUTH
SUITE 105
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

TAYLOR, ROBERT L
150 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 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: _____

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: CURREN, LISA
Address: 14405 QUAIL TRAIL CT
City-St-Zip: ORLANDO, FL 32837

Title: DST () Delete
Name: MORENO, MICHAEL
Address: 14641 QUAIL TRAIL CT
City-St-Zip: ORLANDO, FL 32837

Title: DP (X) Delete
Name: ECHOLS, MATTHEW
Address: 14574 QUAIL TRAIL CIR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: ECHOLS, MATTHEW
Address: 14574 QUAIL TRAIL CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MATTHEW ECHOLS

DP

01/14/2009

Electronic Signature of Signing Officer or Director

Date