2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # N33494 03-18-2005 90045 021 ****61.25 QUAIL RUN ESTATES OF TAYLOR COUNTY, INC. Principal Place of Business Mailing Address C/O JULIUS COOEY C/O JULIUS COOEY P.O. BOX 260 P.O. BOX 260 STEINHATCHEE, FL 32359 STEINHATCHEE, FL 32359 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2987897 City & State City & State Applied For Not Applicable Zip 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 Name COOEY, JULIUS -- - -Street Address (P.O. Box Number is Not Acceptable) PALM AVENUE STEINHATCHEE, FL 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 SIGNATURE ... Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLÈ ☐ Delete TITLE ☐ Change Addition COÖEY, JULIUS NAME NAME STREET ADDRESS PO BOX 280 (1438 PALM ST. NE) STREET ADDRESS CITY-ST-7IP STEINHATCHEE, FL CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DOSHER, ALEXIA NAME P.O. BOX 66 STREET ADORESS STREET ADDRESS STEINHATCHEE, FL 32359 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change PAYNE, LARRY NAME NAME STREET ADDRESS PO BOX 656 STREET ADDRESS STEINHATCHEE, FL 32359 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition COOEY, MARY J NAME NAME STREET ADDRESS PO BOX 260 (1438 PALM ST. NE) STREET ADDRESS CITY-ST-ZIP STEINHATCHEE, FL 32359 CITY-ST-ZIP TITLE Delete ▼ Addition JESSY DAVIS JOHNSON, ALICE NAME NAME P.O. BOX STREET ADDRESS P.O. BOX 724 STREET ADDRESS STEINHATCHEE, FL. 32359 STEINHATCHEE, FL 32359 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition KERCE, REGINA L William NAME NAME PO BOX 792 P.O. Box STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMONA PARK, FL 32181 CITY-ST-ZIP STEINHATCHEE, FL. 32359 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 tegal effect as if made under oath; that I am an officer or director of the corporation or the reference 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 with all other like empowered. changed, ör on an attächment w

ARR

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 18, 2005 8:00 am