

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90157 014 ****61.25

DOCUMENT # N33494

1. Entity Name

**QUAIL RUN ESTATES OF TAYLOR COUNTY
HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

**C/O JULIUS COOEY
P.O. BOX 260
STEINHATCHEE FL 32359**

Mailing Address

**C/O JULIUS COOEY
P.O. BOX 260
STEINHATCHEE FL 32359**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2987897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOEY, JULIUS
PALM AVENUE
STEINHATCHEE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **COOEY, JULIUS**
STREET ADDRESS **PO BOX 280 (1438 PALM ST. NE)**
CITY - ST - ZIP **STEINHATCHEE FL**

TITLE ☐ Delete
NAME **DOSHER, ALEXIA**
STREET ADDRESS **P.O. BOX 66**
CITY - ST - ZIP **STEINHATCHEE FL 32359**

TITLE ☒ Delete
NAME **PAYNE, LARRY**
STREET ADDRESS **PO BOX 656**
CITY - ST - ZIP **STEINHATCHEE FL 32359**

TITLE ☐ Delete
NAME **COOEY, MARY J**
STREET ADDRESS **PO BOX 260 (1438 PALM ST. NE)**
CITY - ST - ZIP **STEINHATCHEE FL 32359**

TITLE ☒ Delete
NAME **DAVIS, JESSY**
STREET ADDRESS **P.O. BOX 724**
CITY - ST - ZIP **STEINHATCHEE FL 32359**

TITLE ☒ Delete
NAME **BROWN, WILLIAM**
STREET ADDRESS **PO BOX 792**
CITY - ST - ZIP **STEINHATCHEE FL 32359**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME **RICHARD BRAGG**
STREET ADDRESS **PO BOX 691**
CITY - ST - ZIP **STEINHATCHEE, FL 32359**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME **CHESTER ASH**
STREET ADDRESS **PO BOX 956**
CITY - ST - ZIP **STEINHATCHEE, FL 32359**

TITLE ☐ Change ☒ Addition
NAME **Cheryl FRAGALE**
STREET ADDRESS **PO BOX 271**
CITY - ST - ZIP **STEINHATCHEE, FL 32359**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sherry K Payne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY K PAYNE 3/30/06
Date Daytime Phone #

352) 498-0408