

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90033 025 ****70.00

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
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2. Principal Place of Business - No P.O. Box # SUGAR HILL LANE Suite, Apt. #, etc.	3. Mailing Address P.O. Box 139 Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State STEINHATCHEE, FL.	City & State STEINHATCHEE, FL.
Zip 32359-0139	Zip 32359-0139
Country USA	Country USA

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 COOEY, JULIUS PALM AVENUE STEINHATCHEE FL	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

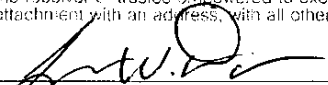
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature must be made with a commission) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COOEY, JULIUS PO BOX 280 (1438 PALM ST. NE) STEINHATCHEE FL ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WILLIAM BROWN P.O. BOX 329 STEINHATCHEE, FL. 32359-0329 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DAVIS, JESSE 1355 OAK POND CIRCLE STEINHATCHEE FL 32359 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ASH, CHESTER P.O. BOX 956 STEINHATCHEE FL 32359 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COOEY, MARY J PO BOX 260 (1438 PALM ST. NE) STEINHATCHEE FL 32359 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LARRY HEDGEPATH P.O. Box 806 STEINHATCHEE, FL. 32359-0806 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PAYNE, LARRY W P.O. BOX 656 STEINHATCHEE FL 32359 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FRAGALE, CHERYL POB 271 STEINHATCHEE FL 32359 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SHERY PAYNE P.O. BOX 656 STEINHATCHEE, FL. 32359-0656 ☐ Change ☒ Addition

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:  **JESSE W. DAVIS** 1-23-08 850-578-2570