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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SUGAR HILL LANE	P.O. BOX 139
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STEINHATCHEE, FL.	City & State: STEINHATCHEE, FL.
Zip: 32359-0139 Country: USA	Zip: 32359-0139 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	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 D NAME WILLIAM BROWN STREET ADDRESS P.O. BOX 329 CITY-ST-ZIP 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 D NAME LARRY HEDGEPATH STREET ADDRESS P.O. Box 806 CITY-ST-ZIP 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 S NAME SHERRY PAYNE STREET ADDRESS P.O. BOX 656 CITY-ST-ZIP 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