2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N33494

Entity Name: QUAIL RUN ESTATES OF TAYLOR COUNTY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

SUGAR HILL LANE
STEINHATCHEE, FL 323590139

New Principal Place of Business:

Current Mailing Address:

P.O BOX 139
STEINHATCHEE, FL 323590139

New Mailing Address:

FEI Number: 59-2987897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOEY, JULIUS
PALM AVENUE
STEINHATCHEE, FL US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BROWN, WILLIAM	
Address:	P.O. BOX 329	
City-St-Zip:	STEINHATCHEE, FL 323590329	
Title:	T	( ) Delete
Name:	DAVIS, JESSE	
Address:	1355 OAK POND CIRCLE	
City-St-Zip:	STEINHATCHEE, FL 32359	
Title:	P	( ) Delete
Name:	ASH, CHESTER	
Address:	P.O. BOX 956	
City-St-Zip:	STEINHATCHEE, FL 32359	
Title:	D	( ) Delete
Name:	HEDEEPATH, LARRY	
Address:	P.O. BOX 606	
City-St-Zip:	STEINHATCHEE, FL 323590806	
Title:	VP	( ) Delete
Name:	PAYNE, LARRY W	
Address:	P.O. BOX 656	
City-St-Zip:	STEINHATCHEE, FL 32359	
Title:	S	( ) Delete
Name:	PAYNE, SHERRY	
Address:	P.O. BOX 656	
City-St-Zip:	STEINHATCHEE, FL 323590656	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: WILLIAM R. BROWN T 02/19/2009
Electronic Signature of Signing Officer or Director — Date