

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N36365**

1. Entity Name  
QUAIL RISE HOMEOWNERS ASSOCIATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION:

06 JUL 11 AM 9:05

Principal Place of Business  
2928 QUAIL RISE COURT  
TALLAHASSEE, FL 32309 US

Mailing Address  
2928 QUAIL RISE COURT  
TALLAHASSEE, FL 32309 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006 Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3055705

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

DIXON, LYNN  
2928 QUAIL RISE COURT  
TALLAHASSEE, FL ~~32308~~ 32309

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

Filing Fee Is \$61.25  
Due by September 6, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Delete  
NAME DIXON, LYNN  
STREET ADDRESS 2928 QUAIL RISE COURT  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE PD ☐ Change ☒ Addition  
NAME Tom JOHNSON  
STREET ADDRESS 2901 QUAIL RISE Ct.  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE PD ☒ Delete  
NAME MAGEE, JIM  
STREET ADDRESS 2909 QUAIL RISE COURT  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE VD ☐ Change ☒ Addition  
NAME Jim Campbell  
STREET ADDRESS 2932 QUAIL RISE Ct.  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D ☐ Delete  
NAME MAGEE, JIM  
STREET ADDRESS 2909 QUAIL RISE CT  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition  
NAME 500077535985  
STREET ADDRESS 07/14/06--01052--001 \*\*\$61.25  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME MASSA, GREG  
STREET ADDRESS 2920 QUAIL RISE COURT  
CITY-ST-ZIP TALLAHASSEE, FL 32309

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

TITLE D ☒ Delete  
NAME HEINTZ, NORMAN  
STREET ADDRESS 2900 QUAIL RISE COURT  
CITY-ST-ZIP TALLAHASSEE, FL 32309

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

*Lynn Dixon*

LYNN DIXON

7-5-06

850-488-5605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #