



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N36365</b> 1. Entity Name <b>QUAIL RISE HOMEOWNERS ASSOCIATION, INC.</b>						<b>FILED</b>  <b>07 MAY -7 AM 9:33</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>2928 QUAIL RISE COURT</b> <b>TALLAHASSEE, FL 32309</b> <b>US</b>				Mailing Address <b>2928 QUAIL RISE COURT</b> <b>TALLAHASSEE, FL 32309</b> <b>US</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>59-3055705</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DIXON, LYNN</b> <b>2928 QUAIL RISE COURT</b> <b>TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name <b>DIXON, LYNN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2928 QUAIL RISE COURT</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32309</b>			
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 <u><i>Lynn Dixon</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>5-11-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	TD DIXON, LYNN 2928 QUAIL RISE COURT TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400103097634</b> <b>05/23/07--01017--001 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, TOM 2901 QUAIL RISE COURT TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGEE, JIM 2909 QUAIL RISE CT TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, JIM 2932 QUAIL RISE COURT TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINTZ, NORMAN 2900 QUAIL RISE COURT TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>B 5/14/07</b>		
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: <u><i>Lynn Dixon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>5-11-07</b>		DAYTIME PHONE # <b>850-488-5605</b>	