

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N36365**

1. Entity Name

QUAIL RISE HOMEOWNERS ASSOCIATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 14 AM 11:40

Principal Place of Business

2928 QUAIL RISE COURT  
TALLAHASSEE, FL 32309 US

Mailing Address

2928 QUAIL RISE COURT  
TALLAHASSEE, FL 32309 US



05142008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

DIXON, LYNN  
2928 QUAIL RISE COURT  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DIXON, LYNN
STREET ADDRESS	2928 QUAIL RISE COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	PD
NAME	JOHNSON, TOM
STREET ADDRESS	2901 QUAIL RISE COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	D
NAME	MAGEE, JIM
STREET ADDRESS	2909 QUAIL RISE CT
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	VD
NAME	CAMPBELL, JIM
STREET ADDRESS	2932 QUAIL RISE COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400130172524  
05/23/08--01012--008 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

B 5/14/08

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

5-14-08 488-5605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #