## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N36365

FILED May 15, 2009 Secretary of State

Entity Name: QUAIL RISE HOMEOWNERS ASSOCIATION, INC.

urrent P	rincipal Place of Busir	ess:	New Princi	ipal Place of Business:
	IL RISE COURT SSEE, FL 32309 US			
urrent M	lailing Address:		New Mailir	ng Address:
	IL RISE COURT SSEE, FL 32309 US			
accordan		., the corporation did not receive t	' <del>-</del> '	
		egistered Agent.	Name and	Address of New Registered Agent.
	'NN IL RISE COURT SSEE, FL 32308 US			
	named entity submits the of Florida.	is statement for the purpose o	f changing it	ts registered office or registered agent, or both,
ONIATI II				
JIVA I UI	RE:			
JNATU		ure of Registered Agent		Date
GNATUI FFICER:		ure of Registered Agent	ADDITION	Date IS/CHANGES TO OFFICERS AND DIRECTOR
	Electronic Signati		ADDITION Title: Name: Address: City-St-Zip:	
e: me: dress: y-St-Zip: e: me: dress:	Electronic Signate  S AND DIRECTORS:  TD () Delete DIXON, LYNN 2928 QUAIL RISE COURT	US	Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTOR
e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress: dress:	Electronic Signate  S AND DIRECTORS:  TD () Delete DIXON, LYNN 2928 QUAIL RISE COURT TALLAHASSEE, FL 32309  PD () Delete JOHNSON, TOM 2901 QUAIL RISE COURT	US	Title: Name: Address: City-St-Zip: Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  PD (X) Change ( ) Addition  MAGEE, JIM 2909 QUAIL RISE COURT
FFICERS e: me: dress:	Electronic Signators  S AND DIRECTORS:  TD () Delete DIXON, LYNN 2928 QUAIL RISE COURT TALLAHASSEE, FL 32309  PD () Delete JOHNSON, TOM 2901 QUAIL RISE COURT TALLAHASSEE, FL 32309  D () Delete MAGEE, JIM 2909 QUAIL RISE CT	US US	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	IS/CHANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  PD (X) Change ( ) Addition  MAGEE, JIM  2909 QUAIL RISE COURT  TALLAHASSEE, FL 32309 US  D (X) Change ( ) Addition  MARSHALL, JOHN  2908 QUAIL RISE CT

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: LYNN DIXON TD 05/15/2009