

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N38148**

1. Entity Name  
**QUAIL POINT HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**PO BOX 542  
OXFORD, FL 34484 US**

Mailing Address  
**PO BOX 542  
OXFORD, FL 34484 US**



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3009559</b>	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**

**PULLUM, MARYBETH L  
1330 W CITIZENS BLVD STE 101  
LEESBURG, FL 34748**

**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

U000000949461  
06/03/08-80030-006 61.25

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BLACKMON, MICKEY
STREET ADDRESS	12826 CR 103 G-2
CITY-ST-ZIP	OXFORD, FL 34484

TITLE	VP
NAME	CALLAGHAN, LYNN
STREET ADDRESS	4789 CR 103 G
CITY-ST-ZIP	OXFORD, FL 34484

TITLE	ST
NAME	OSTEEN, DONNA
STREET ADDRESS	12821 CR 103 G 2
CITY-ST-ZIP	OXFORD, FL 34484

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mickey Blackmon* *Donna Osteen* *Per* *1/5/08* *352-457-6441*