


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90095 039 ****61.25

DOCUMENT # N38786 1. Entity Name THE VILLAGE AT QUAIL RIDGE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 12830 SHADY HILLS RD SPRING HILL, FL 34610	Mailing Address 2181 INDIAN ROCKS S STE 1 LARGO, FL 33774
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50022611



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3019688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCONNELL, NICOLA 2181 INDIAN ROCKS RD S STE 1 LARGO, FL 33774

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULL, GARY CASSOWARY LN SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHARICO, NICHOLAS 16740 CARACARA CT SPRING HILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOWARS, PAT 16746 CARACARA COURT SPRING HILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 # _____