

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N38786**

1. Entity Name  
**THE VILLAGE AT QUAIL RIDGE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**12830 SHADY HILLS RD  
SPRING HILL, FL 34610**

Mailing Address  
**2181 INDIAN ROCKS S STE 1  
LARGO, FL 33774**



02222006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3019688**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

000000444875  
03/07/06-80020-003 61.25

**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 #