


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90130 040 ****70.00

DOCUMENT # N50245		
1. Entity Name QUAIL RIDGE LANDING HOMEOWNERS' ASSOCIATION, INC.		

Principal Place of Business 3188 BIRDEYE CIR GULF BREEZE, FL 32563 US	Mailing Address 3188 BIRDEYE CIR GULF BREEZE, FL 32563 US
---	---

40123402



2. Principal Place of Business - No P.O. Box # 3200 Birdseye Cir Suite, Apt. #, etc.	3. Mailing Address 3200 Birdseye Cir Suite, Apt. #, etc.
--	--

07102007 Chg-NP CR2E037 (12/06)

City & State Gulf Breeze Florida	City & State Gulf Breeze Florida
Zip 32563	Country Santa Rosa
Zip 32563	Country Santa Rosa

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, JUDITH 3188 BIRDEYE CIR GULF BREEZE, FL 32563	
---	--

7. Name and Address of New Registered Agent	
Name Elizabeth Parman	
Street Address (P.O. Box Number is Not Acceptable) 3200 Birdseye Cir	
City Gulf Breeze	FL
Zip Code 32563	

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 Elizabeth Parman President 7-10-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANKINS, SHAWN 3139 BIRDSEYE CIR GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELIZABETH Parman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3200 Birdseye Cir GULF Breeze FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUTLER, LISA 3167 BIRDSEYE CIRCLE GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Trish Wilson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Birdseye Cir GULF Breeze FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, DIANNE 3204 BIRDSEYS CIRCLE GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Linda Cook <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3156 Birdseye Cir GULF Breeze FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, JUDITH 3188 BIRDSEYE CIR GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elizabeth Parman 7-10-2007 850-292-6099
Signature and typed or printed name of signing officer or director Date Daytime Phone #