2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N50245

Entity Name: QUAIL RIDGE LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3156 BIRDSEYE CIR
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

3156 BIRDSEYE CIR
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: 25-0475657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOK, LINDA
3156 BIRDSEYE CIR
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SORENSON, MARK
Address: 3147 BIRDSEYE CIR
City-St-Zip: GULF BREEZE, FL 32563

Title: VP (X) Delete
Name: OAKLEY, RODNEY
Address: 3131 BIRDSEYE CIR
City-St-Zip: GULF BREEZE, FL 32563

Title: T ( ) Delete
Name: COOK, LINDA
Address: 3156 BIRDSEYE CIR
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete
Name: PARMAN, ELIZABETH
Address: 3200 BIRDSEYE CIR
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete
Name: RARRICK, TOM
Address: 3200 BIRDSEYE CIR
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete
Name: AQUILAR, LUIS
Address: 3213 BIRDSEYE CIR
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CARMICHAEL, PHILLIP
Address: 3116 BIRDSEYE CIR
City-St-Zip: GULF BREEZE, FL 32563

Title: D (X) Change ( ) Addition
Name: RARRICK, TOM
Address: 3148 BIRDSEYE CIR
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PHILLIP CARMICHAEL D 03/25/2009

Electronic Signature of Signing Officer or Director — Date