

DOCUMENT # N92000000176

1. Entity Name

QUAIL MEADOW RECREATION PROPERTY OWNERS ASSOCIAT

Principal Place of Business

Mailing Address

3158 NW 49TH AVE
OCALA FL 34482

3158 NE 49TH AVE
OCALA FL 34482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0370730

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISENFLUH, DIANNA
3158 NW 49TH AVE
OCALA FL 34482

Name RUPPE, PAUL

Street Address (P.O. Box Number is Not Acceptable)

3158 NW 49TH AVE

City Ocala, FL

FL

Zip Code 34482

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME WEISENFLUH, DIANNA
STREET ADDRESS 3158 NW 49TH AVE
CITY-ST-ZIP Ocala FL 34482 ☒ Delete

TITLE VPD
NAME PETTA, ROCCO
STREET ADDRESS 3158 NE 49TH AVE
CITY-ST-ZIP Ocala FL 34482 ☒ Delete

TITLE DT
NAME WRIGHT, CAL
STREET ADDRESS 3158 NW 49TH AVE
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

TITLE DT
NAME WINTERMUTE, JANICE
STREET ADDRESS 3158 NW 49TH AVE
CITY-ST-ZIP Ocala FL 34482 ☒ Delete

TITLE D
NAME STREMMEL, STEVE
STREET ADDRESS 3158 NW 49TH AVE
CITY-ST-ZIP Ocala FL 34482 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP
NAME RUPPE, PAUL
STREET ADDRESS 3158 NW 49TH AVE
CITY-ST-ZIP Ocala, FL 34482 ☐ Change ☒ Addition

TITLE DVP
NAME ZDARSKY, MARY
STREET ADDRESS 3158 NW 49TH AVE
CITY-ST-ZIP Ocala, FL 34482 ☐ Change ☒ Addition

TITLE DS
NAME WINNE, MARCIA
STREET ADDRESS 3158 NW 49TH AVE
CITY-ST-ZIP Ocala, FL 34482 ☐ Change ☒ Addition

TITLE D
NAME VOSS, CLINTON
STREET ADDRESS 3158 NW 49TH AVE
CITY-ST-ZIP Ocala, FL 34482 ☐ Change ☒ Addition

TITLE D
NAME CIGRAND, PAUL
STREET ADDRESS 3158 NW 49TH AVE
CITY-ST-ZIP Ocala, FL 34482 ☐ Change ☒ Addition

TITLE D
NAME FOREHAND, Joyce
STREET ADDRESS 3158 NW 49TH AVE
CITY-ST-ZIP Ocala, FL 34482 ☐ Change ☒ Addition

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 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

JAN 5, 2001

Date

352-368-1999

Daytime Phone #

CR2E037 (10/00)