

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90025 021 \*\*\*\*61.25

<b>DOCUMENT # N92000000176</b> 1. Entity Name <b>QUAIL MEADOW RECREATION PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3158 NW 49TH AVE OCALA, FL 34482</b>			Mailing Address <b>3158 NE 49TH AVE OCALA, FL 34482</b>		
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 <b>65-0370730</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VOSS, CLINTON 3158 NW 49TH AVE OCALA, FL 34482</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PAYNE, RICHARD</b> <b>5048 NW 30TH PLACE</b> <b>OCALA, FL 34482</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/S</b> <b>Payne, Richard</b> <b>3158 NW 49th Ave.</b> <b>Ocala, FL 34482</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP</b> <b>ZDARSKY, MARY</b> <b>3158 NW 49TH AVE.</b> <b>OCALA, FL 34482</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/VP</b> <b>Haupt, Paul</b> <b>3158 NW 49th Ave.</b> <b>Ocala, FL 34482</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> <b>WINNE, MARCIA</b> <b>3158 NW 49TH AVE</b> <b>OCALA, FL 34482</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Fife, Delbert</b> <b>3158 NW 49th Ave.</b> <b>Ocala, FL 34482</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>VOSS, CLINTON</b> <b>3158 NW 49TH AVE</b> <b>OCALA, FL 34482</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/P</b> <b>Voss, Clinton</b> <b>3158 NW 49th Ave.</b> <b>Ocala, FL 34482</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CIGRAND, PAUL</b> <b>3158 NW 49TH AVE</b> <b>OCALA, FL 34482</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Dean, Lee</b> <b>3158 NW 49th Ave.</b> <b>Ocala, FL 34482</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>RUPPE, PAUL</b> <b>3158 NW 49TH AVE</b> <b>OCALA, FL 34482</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Cigrand, Marlene</b> <b>3158 NW 49th Ave.</b> <b>Ocala, FL 34482</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.					
<b>SIGNATURE:</b>			<b>Calvin Wright</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

1/9/2004

352-389-5581

*All documents*  
*#4001568*  
**Quail Meadow Recreation Property Owners Association, Inc (QMRPOA)**  
**3158 NW 49th Avenue**  
**Ocala, Florida 34482**  
"A 55 + Community"

January 9, 2004

RE: 2004 Not-For-Profit Corporation Annual Report - Document N92000000176

Please add one additional Director for this organization, there was no room on the form.

D/T  
Wright, Calvin  
3158 NW 49<sup>th</sup> Avenue  
Ocala, FL 34482

Thank you,

*Calvin Wright*

Calvin Wright  
Treasurer, QMRPOA, Inc.