2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

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

1. Entity Nam QUAIL M	MENT # N9200000 EADOW RECREATION PRATION, INC.				01-13-200	04 90025	021 ***	*61.25	
3158 NW 49TH AVE 3		Mailing Address 3158 NE 49TH AVE OCALA, FL 34482	3158 NE 49TH AVE			3301	n t a a fi	<u>.</u>	
2. Principal P	Place of Business	3. Mailing Address							
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Suite, Apt.	स, etc.	Suite, Apt. #, etc.		0106	2004 Cł	ng-NP	CR2E03	37 (10/03)	
City & Stat	e	City & State		4. FEI 65	Number -037073	0		 	oplied For of Applicable
Zip	Country	Zip	Country	5. Cer	tificate of St	atus Desired		\$8.75 Add	ditional
	- '6.' Name and Address of Current	t Registered Agent		7. Nan	ne and Add	ress of New F			
VOSS CIT	INTON		Name						
VOSS, CLINTON 3158 NW 49TH AVE OCALA, FL 34482				Address (P.O. Box	Number is t	Not Acceptable	e)		
	2 07702								
	·		City				FL	Zip Cod	
The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered office o	r registered agent	, or both, in	the State of FI	orida. Iam 1	familiar with,	and accept
-						•			
SIGNATURE.	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signs	ture required when reinsta	eting)	·	DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$81.25	t and title if applicable. (NOTE:		· · · · · · · · · · · · · · · · · · ·			turi entre la compa		
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing	\$5.00 Added to	May Be Fees	Flo		iment of S	tate .
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 Added to	May Be Fees			tment of S RECTORS IN	10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Colven Wil	Calvin Wright	1/9/2004	352-389-5581
SIGNATURE AND TYPED OF	RATED NAME OF SIGNING OFFICER OR DIRECTOR	Dette	Deytime Phone #

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 49th Avenue Ocala, FL 34482

Thank you,

Calvin Wright

Treasurer, QMRPOA, Inc.