2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 11, 2008 8:00 am **Secretary of State DOCUMENT # N92000000176** 02-11-2008 90067 011 ****61.25 QUAIL MEADOW RECREATION PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3158 NW 49TH AVE 3158 NE 49TH AVE OCALA, FL 34482 OCALA, FL 34482 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Act. #. etc. Suite, Apt. #. etc. 01062008 CR2E037 (12/06) City & State 4. FEI Number 65-0370730 Applied For City & State Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barbara Fife HAUPT, PAUL Street Address (P.O. Box Number is Not Acceptable) 3158 NW 49TH AVE 3158 NW 49th Avenue OCALA, FL. 34482 Zip Code 34482 Ocala 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 (amiliar with, and accept the obligations of registered agent. 2/8/2008 Barbara Fife, President (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D TITLE MLE DN Addition Delete STONE, JOHN NAME NAME Stone, John 3158 NW 49TH AVE STREET ADDRESS 3158 NW 49th Avenue STREET ADDRESS OCALA, FL 34482 CITY-ST-ZIP CITY-ST-74P Ocala, FL 34482 D/P Delete TILE Change ✓ Addition HAUPT, PAUL Fife, Barbara NAME NAME 3158 NW 49th Avenue STREET ADDRESS 3158 NW 49TH AVE. STREET ADURESS CITY-ST-ZIP OCALA, FL 34482 Ocala, FL 34482 CTTY-ST-ZEP D/S DVP TITLE Delete ▼ Addition TITLE Change Change Slocumb, Carolyn TALLEY, PAT 3158 NW 49th Avenue 3158 NW 48TH AVE STREET ADDRESS STREET ADVIRESS CITY-ST-ZIP OCALA, FL 34482 CITY-SI-ZIP Ocala, FL 34482 Delete nne TILE Change Addition NAME WRIGHT, CALVIN NAME 3158 NW 49TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 CITY-SI-ZIP D/AT TIFLE Delete TITLE Change ■ Addition CHRITOPHER, FRANK NAME NAME Christopher, Frank STREET ADDRESS 3158 NW 49TH AVE STREET ADDRESS 3158 NW 49th Avenue CITY-ST-ZIP OCALA, FL 34482 CITY-ST-ZIP Ocala, FL 34482 TITLE ☐ Delete nne Change ☐ Addition NUARA, JOE STREET ADDRESS 3158 NW 49TH AVE

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 all other like empowered.

OCALA, FL 34482

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Calvin L. Wright, Treasurer 2/8/2008 352-369-5581 SIGNATURE: Daytime Phone #