

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2003 8:00 am Secretary of State 02-14-2003 90222 049 ****61.25

OCUMENT # N9200000176	
NAME OF ASSOCIATION INC.	

DOCUMENT # N92000000 1. Entity Name	0176					
QUAIL MEADOW RECREAT OWNERS ASSOCIATION, IN		55011911				
DO NOTAWRITE	IN THIS SI	PACIEL :	- · ·			
2. Principal Place of Business 3158 NW 49TH AVE Suite, Apt. #, etc.	3. Mailing Address 3158 NW 49TH A Suite, Apt. #, atc.	VE	DO NOT WRITE IN THIS	SPACE		
City & State OCALA, FL	City & State OCALA, FL	·	4. FEI Number 65-0370730	Applied For Not Applicable		
Zip Country 34482 USA	^{Zip} 34482	Country USA	5. Certificate of Status Desired .	\$8.75 Additional Fee Required		
		-Name-CUNT	7. Name and Address of Current Registers ON VOSS	ed Agent		
TO NOT W	NIE. IS		P.O. Box Number is Not Acceptable)			
HE SEINTHIS SE	AGE	3158 NW 4	9TH AVE			
		Cay OCALA	Fl	Zip Code 34482		
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	registered office or register	red agent, or both, in the state of Florida, I am	familiar with, and accept		
SIGNATURE Chillon	Den (NOTE	E: Registered Agent agneture required	when reinstating) DATE	£03		
FEE (S.80'25 initial or Amended UBR	9. Election Can Trust Fund C	npaign Financing.		k Payable to		
10. OFFICERS AND DIR	ECTORS					
VOSS, CLINTON STREET ADDRESS CITY-SI-29 OCALA, FL 34482		SHEE ADMESS COTY STORY		######################################		
TITLE DIVP HAME LITTLE, LARRY STREET ADDRESS 3158 NW 49TH AVE		THE BOY		CRZE		
OTRE DISSECTION OCALA, FL 34482 TITLE DISSECTION OCALA, FL 34482 WINNE, MARCIA. STRIET ADDRESS CITY-ST-ZP OCALA, FL 34482			DO NOTWA			
TITLE D/T NAME WRIGHT, CALVIN STREET ADDRESS CITY-ST-ZP OCALA, FL 34482		armitis (m. 1925) Nove 1981 Armass Cortos (m. 1925)	TE ANTAHIS SPA			
TITLE D NAME RUPPE, PAUL STREET ADDRESS 3158 NW 49TH AVE CITY-ST-ZP OCALA, FL 34482						
PAYNE, RICHARD STREET ADDRESS CITY-ST-ZP OCALA, FL 34482						
12. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i). Provide 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 on an attachment with an address, with all other like empowered. Calvin L Wright 2/12/2003 352-369-5581						

- Attachment

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DOCUMENT # N9200000176				,	~~~	1191	′/	
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2. Principal Place of Business 3158 NW 49TH AVE Suite, Apt. #, etc. 3. Mailing Address		<u>-</u>		DO NOT WRITE IN	THIS SPACE			
City & State OCALA, F	 L	City & State OCALA, FL			4FEI Number 6	** RE 0270720		Applied For Not Applicable
^{Zip} 34482	Country USA	^{Zip} 34482	Cour USA		5. Certificate of S	tatus Desired	\$8.75 A	
						ass or content reali	Stolan Marc	
	TO NOTAL	(Rijie		CLIIVE	P.O. Box Number is	Not Acceptable)		
	Parthes	anget		3158 NW 49			E ∎ Zip Co	nda.
				City OCALA			FL 3448	2
8. The above r	named entity submits this statement i	for the purpose of changing	its registere	d office or register	red agent, or both, in	the state of Florida.	I am familiar with	, and accept
the obligation	ons of registered agent.					•		
SIGNATURE _	Uniton	rx and tibe if applicable.	MOTE Besiever	J Agent signature require	d when reinstating)	2-2	-4-05	5
	P.E. 15 \$61,24 initial of American USR	9. Election	Campaign Fi nd Contributi	inancing	\$5.00 May Be Added to Fees	hard and the second	heck Payabl epartment of	THE PARTY OF THE PARTY FOR THE
10.	OFFICERS AND D	DIRECTORS	in the second		in weite te last			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TAMES TAMES TO STATE				
TITLE HAME STREET ADDRESS CITY-ST-ZIP								
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SIGNAT	12 1 - S	Sug St		L. Wright		2/12/2003	352-369-55	
CIGITAL	SIGNATURE AND TYPED O	R PROTED HAME OF BIGHING OFF	ICER OR DIREC	TOR ·		Optio	Daytime Phone	•