



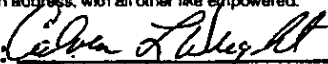
FILED
Feb 27, 2003 8:00 am
Secretary of State

02-14-2003 90222 049 ****61.25

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

2/

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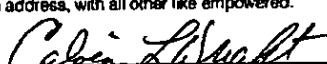
DOCUMENT # N92000000176					
1. Entity Name QUAIL MEADOW RECREATION PROPERTY OWNERS ASSOCIATION, INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3158 NW 49TH AVE		3. Mailing Address 3158 NW 49TH AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OCALA, FL		City & State OCALA, FL		4. FEI Number 65-0370730	
Zip 34482		Country USA		Applied For Not Applicable	
Zip 34482		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name CLINTON VOSS	
				Street Address (P.O. Box Number is Not Acceptable)	
				3158 NW 49TH AVE	
				City OCALA 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 2-27-03					
FEE IS \$61.25 Initial or Amended UBR					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D/P VOSS, CLINTON 3158 NW 49TH AVE OCALA, FL 34482			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D/P LITTLE, LARRY 3158 NW 49TH AVE OCALA, FL 34482			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D/S WINNE, MARCIA 3158 NW 49TH AVE OCALA, FL 34482			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D/T WRIGHT, CALVIN 3158 NW 49TH AVE OCALA, FL 34482			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D RUPPE, PAUL 3158 NW 49TH AVE OCALA, FL 34482			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D PAYNE, RICHARD 3158 NW 49TH AVE OCALA, FL 34482			
DO NOT WRITE IN THIS SPACE					
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Calvin L. Wright		2/12/2003 352-369-5581	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037B (12/02)

Attachment

2 of 2

**NOT-FOR-PROFIT CORPORATION
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SIGNATURE: 		Calvin L. Wright	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/12/2003 Daytime Phone # 352-369-5581	

CR2E037B (12/02)