

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003238 (3)**

1. Corporation Name

QUAIL RIDGE HOMEOWNER'S ASSOCIATION OF ORLANDO, INC.



Principal Place of Business

**5701 IBIZAN CT.
ORLANDO FL 32810**

Mailing Address

**5701 IBIZAN CT.
ORLANDO FL 32810**

3. Date Incorporated or Qualified
07/20/1993

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3218837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SENIOR, SONIA L
5451 RED BONE LANE
ORLANDO FL 32810**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P POWELL, DAN**
STREET ADDRESS **5701 IBIZAN CT.**
CITY - ST - ZIP **ORLANDO FL 32810**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **VP DALLAS, LEROY**
STREET ADDRESS **5642 CHUKAR DR.**
CITY - ST - ZIP **ORLANDO FL 32810**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **D SERRANO, PEDRO A**
STREET ADDRESS **5624 CHUKAR DR.**
CITY - ST - ZIP **ORLANDO FL 32810**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **TREASURER**
3.3 STREET ADDRESS **PHILLIP WOOD**
3.4 CITY - ST - ZIP **5520 REDBONE LANE**
ORLANDO, FL 32810

TITLE ☒ DELETE
NAME **D THOMPSON, MINNIE**
STREET ADDRESS **5538 RED BONE LN.**
CITY - ST - ZIP **ORLANDO FL 32810**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **CYNTHIA WILLIAMS**
4.4 CITY - ST - ZIP **5445 BLUEYICK DRIVE**
ORLANDO, FL 32810

TITLE ☐ DELETE
NAME **D MUNIZ, VICTOR**
STREET ADDRESS **5607 CHUKAR DR.**
CITY - ST - ZIP **ORLANDO, FL 32810**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **DANIEL HARRIS**
5.4 CITY - ST - ZIP **5579 REDBONE LANE**
ORLANDO, FL 32810

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dan Powell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 12, 1996
Date Daytime Phone # **294-6073**