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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003238

1. Corporation Name

**QUAIL RIDGE HOMEOWNER'S ASSOCIATION OF ORLANDO,
INC.**

Principal Place of Business

**5514 RED BONE LANE
ORLANDO FL 32810**

Mailing Address

**5514 RED BONE LANE
ORLANDO FL 32810**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/20/1993

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

9. Name and Address of Current Registered Agent

**DACOSTA, MARCIA
5514 RED BONE LANE
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

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

TITLE **P** ☐ DELETE
NAME **DACOSTA, MARCIA**
STREET ADDRESS **5514 RED BONE LANE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **VP** ☐ DELETE
NAME **HARRIS, BASIL**
STREET ADDRESS **5579 RED BONE LANE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **T** ☐ DELETE
NAME **ROBERTSON, NEVILLE**
STREET ADDRESS **5669 PARTRIDGE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** ☐ DELETE
NAME **WILLIAMS, CYNTHIA**
STREET ADDRESS **5445 BLUE TICK DRIVE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** ☐ DELETE
NAME **SANTIAGO, BENNY**
STREET ADDRESS **5660 CHUKAR DRIVE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)