

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003540

FILED
Feb 09, 2012
Secretary of State

Entity Name: QUAIL RIDGE IN OSCEOLA COUNTY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O SEVERN TRENT SERVICES, INC
475 W TOWN PLACE, SUITE 200
SAINT AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

C/O SEVERN TRENT SERVICES, INC
475 W TOWN PLACE, SUITE 200
SAINT AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 59-3193633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES, INC
475 W TOWN PLACE
SUITE 200
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BERRIOS, HECTOR
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VD
Name: RICHARDS, ENRIC
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: STD
Name: SANTIAGO, CARMEN
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HECTOR BERRIOS

PRES

02/09/2012

Electronic Signature of Signing Officer or Director

Date