

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90165 022 ****61.25

DOCUMENT # N94000002911

1. Entity Name

QUAIL PASS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

STERLING MANAGEMENT, INC
1701-B RICKENBACKER DRIVE
SUN CITY CENTER FL 33573

Mailing Address

STERLING MANAGEMENT, INC
1701-B RICKENBACKER DRIVE
SUN CITY CENTER FL 33573

50047378



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3294483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE FURIO, JAMES R ESQ.
101 E KENNEDY BLVD STE 3000
TAMPA FL 33602

Law Offices of James R. De Furio, P.A.
201 East Kennedy Boulevard
Suite 1460
Tampa, Florida 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KLEINMAN, GERALD	
STREET ADDRESS	904 KINGS BLVD.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CODA, EMIL	
STREET ADDRESS	930 KINGS BLVD.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAMILTON, CHARLES	
STREET ADDRESS	940 KINGS BLVD.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBREATH, WILLIAM	
STREET ADDRESS	928 KINGS BOULEVARD	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SPEHLING, PETER	
STREET ADDRESS	920 KINGS BOULEVARD	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #