

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90079 035 ****61.25

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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**

40088410



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

St **Sterling Management**
1904 Clubhouse Drive
Ci **Sun City Center, FL 33573**

#, etc.

ite

Country

01182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3294483

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAW OFFICES OF JAMES R DE FURIO, PA
2101 E KENNEDY BLVD
SUITE 1460
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☒ Delete
NAME KLEINMAN, GERALD
STREET ADDRESS 904 KINGS BLVD.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE TD ☐ Delete
NAME CODA, EMIL
STREET ADDRESS 930 KINGS BLVD.
CITY-ST-ZIP SUN CITY CENTER, FL

TITLE SD ☒ Delete
NAME HAMILTON, CHARLES
STREET ADDRESS 940 KINGS BLVD.
CITY-ST-ZIP SUN CITY CENTER, FL

TITLE VD ☒ Delete
NAME BRUMMITT, MALCOLM
STREET ADDRESS 416 KINGS BLVD
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D ☐ Delete
NAME WRIGHT, DONALD
STREET ADDRESS 914 KINGS BLVD
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME BRUMMITT, MALCOLM
STREET ADDRESS 916 KINGS BLVD
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE VPD ☐ Change ☒ Addition
NAME KLEINMAN, GERALD
STREET ADDRESS 904 KINGS BLVD
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE SD ☐ Change ☒ Addition
NAME BOCCIERI, JANE
STREET ADDRESS 910 KINGS BLVD
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

RES. 03/12/08