2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N94000003022 02-25-2008 90033 010 ****61.25 QUAÍL RUN VILLAS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40000-2328 S. CONGRESS AVE. 2328 S. CONGRESS AVE. #2A #2A W. PALM BEACH, FL 33406 W. PALM BEACH, FL 33406 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 65-0564559 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUSTOM PROPERTY MGT INC Street Address (P.O. Box Number is Not Acceptable) 2328 SOUTH CONGRESS AVENUE SUITE #2A WEST PALM BEACH, FL 33406 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD ☐ Delete ☐ Change ■ Addition TITLE TITLE KURTZ, IRWIN NAME NAME 2328 S CONGRESS AVE STE 2A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-ST-ZIP TD ☐ Delete ☐ Change ☐ Addition TITLE TITE CAPPELLO, BENEDICT STREET ADDRESS 2328 S CONGRESS AVE., STE. 2A STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-ST-ZIP ☐ Channe TITLE ☐ Delete TITLE ☐ Addition SACKS, JEROME NAME NAME STREET ADDRESS 2328 S CONGRESS AVE. STE. 2A STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition MCGOVERN, JOHN NAME NAME STREET ADDRESS 2828 S CONGRESS AVE STE 2A STREET ADDRESS CiTY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE MORGAN, KERRY NAME NAME STREET ADDRESS 2328 S. CONGRESS AVE., STE 2A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33406 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the corporation of the receiver of the corporation of the receiver of trustee empowered to execute the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of

ME OF SIGNING OFFICER OR DIRECTOR

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

FILED

Feb 25, 2008 8:00 am

Daytime Phone #