

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90081 022 ****61.25

DOCUMENT # N99000004876

1. Entity Name

QUAIL RIDGE HOMEOWNERS ASSOCIATION OF LAKE
COUNTY, INC.



Principal Place of Business

35520 CEDAR LANE
LEESBURG FL ~~34748~~

34788

Mailing Address

35520 CEDAR LANE
LEESBURG FL ~~34748~~

34788

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

THURMAN, SAM D JR.
35520 CEDAR LANE
LEESBURG FL ~~34748~~

34788

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

Sam D. Thurman Jr.

SAM D. THURMAN JR.

Jan. 26, 2004

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, 2004

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	THURMAN, SAM D JR.	
STREET ADDRESS	35520 CEDAR LANE	
CITY - ST - ZIP	LEESBURG FL 34748 34788	
TITLE	STD	☐ Delete
NAME	THURMAN, DONNA L	
STREET ADDRESS	35520 CEDAR LANE	
CITY - ST - ZIP	LEESBURG FL 34748 34788	
TITLE	D	☐ Delete
NAME	THURMAN, ALAN B	
STREET ADDRESS	702 NORTH SYLVAN DRIVE	
CITY - ST - ZIP	BRANDON FL 33510	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 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:

Sam D. Thurman Jr.

SAM D. THURMAN JR.

Date

Daytime Phone #

Jan. 26, 2004

352-408-8757