## 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT # N99000004876 FILED QUAIL RIDGE HOMEOWNERS ASSOCIATION OF LAKE COUNTY, INC. 05 JUL 28 PM 1: N6 Mailing Address Principal Place of Business SECRLTARY OF STATE 35520 CEDAR LANE 35520 CEDAR LANE TALLAHASSEE, FLORIDA LEESBURG, FL 34788 LEESBURG, FL 34788 3. Mailing Address 37525 QUAIL RINGE CIRCLE 2 Principal Place of Business 37525 QUAIL RIDGE CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. 07222005 CR2E037 (10/03) Chg-NP Applied For City & State City & State 4. FEI Number NOT APPLICABLE EESBURC Not Applicable EES BURG \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THURMAN, SAM D JR. Street Address (P.O. Box Number is Not Acceptable) 35520 CEDAR LANE LEESBURG, FL 34788 EES BURG 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 the obligations of registered agent SIGNATURE Make check payable to 9. Election Campaign Financing **\$5.00** May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition MILE PΩ Delete TITLE DKI Change FRANK F. SCHWEERS 37510 QUAIL RIDGE CIRCLE LEES BURG, FL. 34 THURMAN, SAM D JR. NAME MAME STREET ADDRESS 35520 CEDAR LANE STREET ADDRESS *34788-8197* CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TD Change ☐ Addition Delete TITLE TITLE ASHLEY TREADWAY 37525 QUAIL RIDGE CIRCLE THURMAN, DONNA L NAME NAME STREET ADDRESS 35520 CEDAR LANE STREET ADDRESS CITY-ST-71P LEESBURG, FL 34788 CITY-ST-ZIP *34788-8197* EESBURG, FL. Addition **⊠** Change Detete TITLE TITLE DICKSON THURMAN, ALAN B SYLYIA NAME NAME 37522 QUAIL RIDGE CIRCLE 702 NORTH SYLVAN DRIVE STREET ADDRESS STREET ADDRESS *34788-8*197 CITY-ST-7/P BRANDON, FL 33510 BURG, FL. CITY-ST-ZIP ☐ Detete TITLE TITLE NAME 200058303592 STREET ADDRESS STREET ADDRESS 08/05/05--01066--024 \*\*70.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP 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**