2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000004876

1. Entity Name
QUAIL RIDGE HOMEOWNERS ASSOCIATION OF LAKE COUNTY, INC.

Principal Place of Business	Mailing Address
37525 QUAIL RIDGE CIRCLE LEESBURG, FL 34788-8197	37525 QUAIL RIDGE CIRCLE LEESBURG, FL 34788-8197

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01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWEERS, FRANK F
37510 QUAIL RIDGE CIRCLE
LEESBURG, FL 34788-8197

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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: Frank F. Schweers 2/18/06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHWEERS, FRANK F
STREET ADDRESS	37510 QUAIL RIDGE CIRCLE
CITY-ST-ZIP	LEESBURG, FL 347888197
TITLE	STD
NAME	TREADWAY, ASHLEY
STREET ADDRESS	37525 QUAIL RIDGE CIRCLE
CITY-ST-ZIP	LEESBURG, FL 347888197
TITLE	DV
NAME	DICKSON, SYLVIA
STREET ADDRESS	37522 QUAIL RIDGE CIRCLE
CITY-ST-ZIP	LEESBURG, FL 347888197
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: FRANK F. SCHWEERS Frank F. Schweers 2/18/06 (352) 589-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #