

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90097 020 ****70.00

DOCUMENT # N99000004876	
1. Entity Name QUAIL RIDGE HOMEOWNERS ASSOCIATION OF LAKE COUNTY, INC.	

Principal Place of Business 37525 QUAIL RIDGE CIRCLE LEESBURG, FL 34788-8197	Mailing Address 37525 QUAIL RIDGE CIRCLE LEESBURG, FL 34788-8197
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2. Principal Place of Business - No P.O. Box # 37510 QUAIL RIDGE CIRCLE	3. Mailing Address 37510 QUAIL RIDGE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LEESBURG FL.	City & State LEESBURG FL.
Zip 34788-8197	Country LAKE

6. Name and Address of Current Registered Agent SCHWEERS, FRANK F 37510 QUAIL RIDGE CIRCLE LEESBURG, FL 34788-8197	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWEERS, FRANK F 37510 QUAIL RIDGE CIRCLE LEESBURG, FL 347888197 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TREADWAY, ASHLEY 37525 QUAIL RIDGE CIRCLE LEESBURG, FL 347888197 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONICA SCHWEERS 37510 QUAIL RIDGE CIRCLE LEESBURG, FL. 34788-8197 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DICKSON, SYLVIA 37522 QUAIL RIDGE CIRCLE LEESBURG, FL 347888197 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 PD 1/17/07 (352) 589-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #