2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# N99000004876

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

Current Principal Place of Business:

37510 QUAIL RIDGE CIRCLE
LEESBURG, FL 347888197

New Principal Place of Business:

Current Mailing Address:

37510 QUAIL RIDGE CIRCLE
LEESBURG, FL 347888197

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHWEERS, FRANK F
37510 QUAIL RIDGE CIRCLE
LEESBURG, FL 347888197 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHWEERS, FRANK F
Address: 37510 QUAIL RIDGE CIRCLE
City-St-Zip: LEESBURG, FL 347888197

Title: DV ( ) Delete
Name: DICKSON, SYLVIA
Address: 37522 QUAIL RIDGE CIRCLE
City-St-Zip: LEESBURG, FL 347888197

Title: STD ( ) Delete
Name: SCHWEERS, MONICA
Address: 37510 QUAIL RIDGE CIR
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: SEYMOUR, SCOTT A
Address: 37515 QUAIL RIDGE CIRCLE
City-St-Zip: LEESBURG, FL 347888197

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK.F.SCHWEERS PD 05/11/2009
Electronic Signature of Signing Officer or Director — Date