

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006070

FILED
Apr 28, 2008
Secretary of State

Entity Name: QUAIL RIDGE, PHASE 3 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741

New Mailing Address:

PO BOX 452847
KISSIMMEE, FL 34745

FEI Number: 59-3604475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC
231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741 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: P () Delete
Name: LUX, MICHELLE
Address: 2516 QUAIL PARK TERRACE
City-St-Zip: KISSIMMEE, FL 34743

Title: VP () Delete
Name: MILLER, JOHN
Address: 3213 HUNTERS CHASE LOOP
City-St-Zip: KISSIMMEE, FL 34743

Title: S/T () Delete
Name: CORDERO, MIGUEL
Address: 2523 QUAIL PARK TERRACE
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: RAMOS, DALI
Address: 2616 QUAIL POND WAY
City-St-Zip: KISSIMMEE, FL 34743

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: MICHELLE LUX

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date