

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01239

Entity Name: QUAIL VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3521 QUAIL TR
MELBOURNE, FL 32935**Current Mailing Address:**3521 QUAIL TR
MELBOURNE, FL 32935**FEI Number: 59-2865758****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DINHO, ELAINE
4875 N. WICKHAM ROAD
SUITE 107
MELBOURNE, FL 32940 US*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**Officer/Director Detail :**

Title	PD
Name	DELORIA, WILLIAM
Address	3521 QUAIL TRAIL
City-State-Zip:	MELBOURNE FL 32935

Title	VPD
Name	MCKINNEY, WILLIAM
Address	3521 QUAIL TRAIL
City-State-Zip:	MELBOURNE FL 32935

Title	TRD
Name	DELORIA, LOUISE
Address	3521 QUAIL TRAIL
City-State-Zip:	MELBOURNE FL 32935

Title	SD
Name	GOLDFINGER, ILENE
Address	3521 QUAIL TRAIL
City-State-Zip:	MELBOURNE FL 32935

Title	D
Name	LOHNE, HELEN
Address	3521 QUAIL TRAIL
City-State-Zip:	MELBOURNE FL 32935

Title	D
Name	HINKELL, LINDA
Address	3521 QUAIL TRAIL
City-State-Zip:	MELBOURNE FL 32935

Title	DIRECTOR
Name	KERRIGAN, JAMES
Address	3521 QUAIL TRAIL
City-State-Zip:	MELBOURNE FL 32935

Title	DIRECTOR
Name	KERRIGAN, JAMES
Address	3521 QUAIL TRAIL
City-State-Zip:	MELBOURNE FL 32935

I hereby 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 all other like empowered.

SIGNATURE: LOUISE DELORIA**TREASURER****04/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date