

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33494

Entity Name: QUAIL RUN ESTATES OF TAYLOR COUNTY HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**SWEETGUM LANE
STEINHATCHEE, FL 32359-0139**Current Mailing Address:**P.O. BOX 414
STEINHATCHEE, FL 32359 US**FEI Number: 59-2987897****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COOEY, JULIUS
PALM AVENUE
STEINHATCHEE, FL 32359 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	P	Title	ASST. TREASURER
Name	SMALLWOOD, STEVE	Name	SNYDER, DEREK
Address	1213 CYPRESS AVE	Address	P.O. BOX 269
City-State-Zip:	VENICE FL 34285	City-State-Zip:	STEINHATCHEE FL 32359
Title	VP	Title	TREASURER
Name	BUSH, WAYNE	Name	D'ORSI, ALEXIS
Address	1540 HWY. 17 N.	Address	P.O. BOX 166
City-State-Zip:	GREEN COVE SPRINGS FL 32043	City-State-Zip:	STEINHATCHEE FL 32359
Title	SECRETARY	Title	DIRECTOR
Name	LEACH, TRACY L	Name	BENNETT, RONALD
Address	85 GILL ROAD	Address	P.O. BOX 81
City-State-Zip:	RICHMOND HILL GA 31324	City-State-Zip:	STEINHATCHEE FL 32359
Title	DIRECTOR		
Name	LEACH, JAMES		
Address	85 GILL ROAD		
City-State-Zip:	RICHMOND HILL GA 31324		

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: ALEXIS D'ORSI**TREASURER****04/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date