


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03632** (9)

1. Corporation Name

**QUAIL CREEK VILLAGE FOUNDATION, INC.**



Principal Place of Business <b>11719 QUAIL VILLAGE WAY NAPLES FL 33999-34119 US</b>	Mailing Address <del>PO BOX 7105</del> <b>11719 QUAIL VILLAGE WAY NAPLES FL 34119 US</b>
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3. Date Incorporated or Qualified <b>06/13/1984</b>	3a. Date of Last Report <b>07/02/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 11719 QUAIL Village Way</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28 NAPLES FL</b>
Zip <b>24 34119</b>	Country <b>25 USA</b>
Zip <b>29 34119</b>	Country <b>30 USA</b>

4. FEI Number <b>59-2779289</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KOECHER, RICHARD 11101 QUAIL VILLAGE WAY #104 NAPLES FL 33999</b>	10. Name and Address of New Registered Agent <b>81 Name BURGESS, STEPHEN 82 Street Address (P.O. Box Number is Not Acceptable) 11524 QUAIL VILLAGE WAY 83 84 City NAPLES FL 85 Zip Code 34119</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Stephen Burgess* **3/28/97**  
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<b>KOECHER, RICHARD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>DIRECTOR - VICE PRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME <b>DONALD HEFFNER</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>11468 QUAIL VILLAGE WAY</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>NAPLES FL 34119</b>	
TITLE <b>VD</b>	<b>OCHS, FRAN</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME <b>OCHS, FRAN</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>10347 QUAIL CROWN DRIVE</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>NAPLES FL 34119</b>	
TITLE <b>SD</b>	<b>BERTELL, R D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>DIRECTOR-SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		3.2 NAME <b>WHITE, JONATHAN</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>11580 QUAIL VILLAGE WAY</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>NAPLES FL 34119</b>	
TITLE <b>D</b>	<b>BURGESS, STEPHEN</b> <input type="checkbox"/> DELETE	4.1 TITLE <b>DIRECTOR - PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME <b>BURGESS, STEPHEN</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>11524 QUAIL VILLAGE WAY</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>NAPLES FL 34119</b>	
TITLE <b>TD</b>	<b>SMITH, BISSELL</b> <input type="checkbox"/> DELETE	5.1 TITLE <b>DIRECTOR-TREASURER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME <b>SMITH, BISSELL</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>11810 QUAIL VILLAGE WAY</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>NAPLES FL 34119</b>	
TITLE <b>D</b>	<b>GLOBETTI, JOHN</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		6.2 NAME <b>WILLIAM MIER</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>11851 QUAIL VILLAGE WAY</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>NAPLES FL 34119</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Stephen Burgess* **3/28/97** (941) 598-9922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079513

CR2E037 (9/96)