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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N03632

1. Corporation Name

QUAIL CREEK VILLAGE FOUNDATION, INC.

Principal Place of Business

11875 QUAIL VILLAGE WAY
 NAPLES FL 34119
 US

Mailing Address

11875 QUAIL VILLAGE WAY
 NAPLES FL 34119
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/13/1984

4. FEI Number

59-2779289

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

SAMOUCE
SAMOUCE, ROBERT C ESQ
SWALM & MURRELL P.A.
2375 TAMiami TRAIL N SUITE 308
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name **SAMOUCE, ROBERT C ESQ**
 82 Street Address (P.O. Box Number is Not Acceptable)
SWALM, MURRELL & SAMOUCE, PA
 83 **2375 Tamiami Trail N Suite 308**
 84 City **Naples** 85 Zip Code **FL 34103**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	POWERS, WARD	
STREET ADDRESS	11648 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MELVILLE, SUE	
STREET ADDRESS	11404 QUAIL VILLAGE WAY #8202	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, JONATHAN	
STREET ADDRESS	11580 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EICEMAN, NORMAN	
STREET ADDRESS	11816 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, BISSELL	
STREET ADDRESS	11810 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIER, WILLIAM	
STREET ADDRESS	11851 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES FL 34119	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	TESTA, ROBERT
3.4 CITY-ST-ZIP	11688 QUAIL VILLAGE WAY NAPLES FL 34119
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VPD
5.3 STREET ADDRESS	NELSON, JOHN
5.4 CITY-ST-ZIP	10345 QUAIL CROWN DR NAPLES FL 34119
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VPD
6.3 STREET ADDRESS	KOECHER, RICHARD
6.4 CITY-ST-ZIP	11101 QUAIL VILLAGE WAY #104 NAPLES FL 34119

14. I 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, with all other like empowered.

SIGNATURE:

ROBERT TESTA PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Testa 594-3074
 Date Daytime Phone #

CR2E037 (1/1/98)