

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03632

FILED  
Mar 24, 2006  
Secretary of State

**Entity Name:** QUAIL CREEK VILLAGE FOUNDATION, INC.

**Current Principal Place of Business:**

11875 QUAIL VILLAGE WAY  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

11875 QUAIL VILLAGE WAY  
NAPLES, FL 34119 US

**New Mailing Address:**

**FEI Number:** 59-2779289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SAMOUCÉ, ROBERT C  
800 LAUREL OAK DRIVE, STE 300  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

SAMOUCÉ, ROBERT C  
5405 PARK CENTRAL COURT  
NAPLES, FL 34109 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: ROBERT C SAMOUCÉ

03/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MYERS, ROBERT  
Address: 11744 QUAIL VILLAGE WAY  
City-St-Zip: NAPLES, FL 34119

Title: TD ( ) Delete  
Name: WRIGHT, FRANKLIN  
Address: 11600 QUAIL VILLAGE WAY  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: DEBOER, JOHN  
Address: 11626 QUAIL VILLAGE WAY  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: SIDDLE, PAUL  
Address: 11666 QUAIL VILLAGE WAY  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: NOVAKOFF, BARRY  
Address: 11632 QUAIL VILLAGE WAY  
City-St-Zip: NAPLES, FL 34119

Title: SVPD ( ) Delete  
Name: HOPEWOOD, BARBARA  
Address: 11708 QUAIL VILLAGE WAY  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANKLIN WRIGHT

TD

03/24/2006

Electronic Signature of Signing Officer or Director

Date