

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90107 037 ****61.25

DOCUMENT # N03632

1. Entity 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2779289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMOUCE, ROBERT C
5405 PARK CENTRAL COURT
NAPLES FL 34109

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~DD~~ ☐ Delete
NAME MYERS, ROBERT
STREET ADDRESS 11744 QUAIL VILLAGE WAY
CITY-STATE-ZIP NAPLES FL 34119

TITLE TD ☐ Delete
NAME WRIGHT, FRANKLIN
STREET ADDRESS 11600 QUAIL VILLAGE WAY
CITY-STATE-ZIP NAPLES FL 34119

TITLE D ☐ Delete
NAME DEBOER, JOHN
STREET ADDRESS 11626 QUAIL VILLAGE WAY
CITY-STATE-ZIP NAPLES FL 34119

TITLE ~~SS~~ ☐ Delete
NAME SIDDLE, PAUL
STREET ADDRESS 11666 QUAIL VILLAGE WAY
CITY-STATE-ZIP NAPLES FL 34119

TITLE D ☒ Delete
NAME NOVAKOFF, BARRY
STREET ADDRESS 11632 QUAIL VILLAGE WAY
CITY-STATE-ZIP NAPLES FL 34119

TITLE ~~SPD PD~~ ☐ Delete
NAME HOPEWOOD, BARBARA
STREET ADDRESS 11708 QUAIL VILLAGE WAY
CITY-STATE-ZIP NAPLES FL 34119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME Hawkins, Paul
STREET ADDRESS 11456 Quail Village Way
CITY-STATE-ZIP Naples FL 34119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maria Lynn Controller 4/11/07 (200) 598-9972