

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 24, 2009  
Secretary of State**

DOCUMENT# N04000001916

**Entity Name:** THE MEADOWS AT QUAIL CREEK VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11655 QUAIL VILLAGE WAY  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

11655 QUAIL VILLAGE WAY  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 20-2895893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOFF, JOSEPH D  
942 N COLLIER BLVD  
MARCO ISLAND, FL 34145      US

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

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: STONE, HARRY  
Address: 10025 HEATHER LANE #704  
City-St-Zip: NAPLES, FL 34119

Title: S      ( ) Delete  
Name: HOLDER, CHRIS  
Address: 10045 HEATHER LANE #204  
City-St-Zip: NAPLES, FL 34119

Title: T      ( ) Delete  
Name: STEWARD, DOUG  
Address: 10041 HEATHER LANE #302  
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:

I hereby certify that the information supplied with this filing does not qualify 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: ALAN RAULERSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

O

02/24/2009

\_\_\_\_\_  
Date