

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 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:**SAMOUCÉ, ROBERT
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 SAMOUCÉ

03/24/2009

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 34119Title: S () Delete
Name: HOLDER, CHRIS
Address: 10045 HEATHER LANE #204
City-St-Zip: NAPLES, FL 34119Title: T () Delete
Name: STEWARD, DOUG
Address: 10041 HEATHER LANE #302
City-St-Zip: NAPLES, FL 34119**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: T (X) Change () Addition
Name: JAN, KEMP
Address: 5849 PARADISE COURT
City-St-Zip: NAPLES, FL 34110Title: S (X) Change () Addition
Name: HOLDER, CHRIS
Address: 317 WEST 21ST ST. #1D
City-St-Zip: NEW YORK, NY 10011Title: P (X) Change () Addition
Name: STEWARD, DOUG
Address: 10041 HEATHER LANE #302
City-St-Zip: NAPLES, FL 34119

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: MARIE HUEY - CONTROLLER

CON

03/24/2009

Electronic Signature of Signing Officer or Director

Date