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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N24462 (6)**  
1. Corporation Name  
**QUAIL'S NEST RESIDENTS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**10985 QUAIL CROWN DRIVE  
NAPLES FL 34109** **P. O. BOX 7105  
NAPLES FL 34101-7105  
US**

3. Date Incorporated or Qualified **01/22/1988** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **CEO Sunburst Mgmt.** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **P.O. Box 7105** 27  
City & State City & State  
23 **NAPLES, FL.** 28  
Zip Country Zip Country  
24 **34101** 25 **U.S.** 29 30

4. FEI Number **65-0112199** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BURGER, RICHARD  
10385 QUAIL CROWN DR.  
NAPLES FL 34109**

10. Name and Address of New Registered Agent  
81 Name **Beverly Kuster**  
82 Street Address (P.O. Box Number Is Not Acceptable) **CEO Sunburst Mgmt. Corp.**  
83 **2079 J+C BLVD.**  
84 City **NAPLES** FL 85 Zip Code **34109**

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 obligation of, Section 617.0503, Florida Statutes.  
SIGNATURE **Beverly Kuster** **Beverly Kuster** **4/22/97**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>WUNDERLICH, RICHARD</del>	
STREET ADDRESS	<del>10335 QUAIL CROWN DR.</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<del>FD</del>	<input type="checkbox"/> DELETE
NAME	<del>LUKAS, GEORGE</del>	
STREET ADDRESS	<del>10373 QUAIL CROWN DR</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>RICHARD L. BURGER</del>	
STREET ADDRESS	<del>10385 QUAIL CROWN DRIVE</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<del>SD</del>	<input type="checkbox"/> DELETE
NAME	<del>DEFIERRE, MARTHA</del>	
STREET ADDRESS	<del>10340 QUAIL CROWN DR</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>LEE, JOHN</del>	
STREET ADDRESS	<del>10403 QUAIL CROWN DR.</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>VP, D</b>
1.3 STREET ADDRESS	<b>Sims, PAUL</b>
1.4 CITY-ST-ZIP	<b>10850 QUAIL CROWN DR. NAPLES, FL.</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P. D</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VP, D</b>
3.3 STREET ADDRESS	<b>Allen, Lois</b>
3.4 CITY-ST-ZIP	<b>10876 QUAIL CROWN DR. NAPLES, FL.</b>
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	<b>T, D</b>
5.3 STREET ADDRESS	<b>BOVA, PATRICIA</b>
5.4 CITY-ST-ZIP	<b>10356 QUAIL CROWN DR. NAPLES, FL.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.  
SIGNATURE: **PATRICIA BOVA** **PATRICIA BOVA** **4/19/97** **941/591-2040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0059214**

CR2E037 (9/96)