

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24462 (6)**  
1. Corporation Name  
**QUAIL'S NEST RESIDENTS ASSOCIATION, INC.**



Principal Place of Business <b>C/O SUNBURST MGMT PO BOX 7105 NAPLES FL 34101 US</b>	Mailing Address <b>P. O. BOX 7105 NAPLES FL 33941 US</b>
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3. Date Incorporated or Qualified <b>01/22/1988</b>	
4. FEI Number <b>65-0112199</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

**9. Name and Address of Current Registered Agent**

**KURTER, BEVERLY  
C/O SUNBRUST MGMT CORP  
2079 J&C BLVD.  
NAPLES FL 34109**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<del>VPD</del> <input type="checkbox"/> DELETE
NAME	<del>SIMS, PAUL</del>
STREET ADDRESS	<del>10335 QUAIL CROWN DR.</del>
CITY-ST-ZIP	<del>NAPLES FL</del>
TITLE	<del>PD</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>LUKAS, GEORGE</del>
STREET ADDRESS	<del>10373 QUAIL CROWN DR.</del>
CITY-ST-ZIP	<del>NAPLES FL</del>
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ALLEN, LOIS
STREET ADDRESS	10376 QUAIL CROWN DR.
CITY-ST-ZIP	NAPLES FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DEFIERRE, MARTHA
STREET ADDRESS	10340 QUAIL CROWN DR
CITY-ST-ZIP	NAPLES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BOVA, PATRICIA
STREET ADDRESS	10356 QUAIL CROWN DR.
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D, V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DON Dever
2.3 STREET ADDRESS	11752 Quail Crown Dr.
2.4 CITY-ST-ZIP	NAPLES, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 V. Bova* 3/10/98 941/591-2040

CF2E037 (10/97)