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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

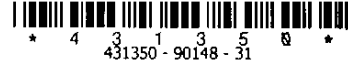


FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24462

1. Corporation Name

QUAIL'S NEST RESIDENTS ASSOCIATION, INC.



Principal Place of Business

C/O SUNBURST MGMT  
PO BOX 7105  
NAPLES FL 34101  
US

Mailing Address

P. O. BOX 7105  
NAPLES FL 33941  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/22/1988

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

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 KUETER, BEVERLY  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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: *Beverly Kueter*

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

(NOTE: Registered Agent signature required when reinstating)

*Beverly Kueter*

4/20/99

FL

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
<del>DP</del>	<del>SIMS, PAUL</del>	<del>10335 QUAIL CROWN DR.</del>	<del>NAPLES FL</del>	<input checked="" type="checkbox"/>
<del>DP</del>	<del>DEVER, DON</del>	<del>11752 QUAIL CROWN DRIVE</del>	<del>NAPLES FL</del>	<input type="checkbox"/>
<del>VPD</del>	<del>ALLEN, LOIS</del>	<del>10376 QUAIL CROWN DR.</del>	<del>NAPLES FL</del>	<input checked="" type="checkbox"/>
<del>SD</del>	<del>DEFIERRE, MARTHA</del>	<del>10340 QUAIL CROWN DR</del>	<del>NAPLES FL</del>	<input type="checkbox"/>
<del>TD</del>	<del>BOVA, PATRICIA</del>	<del>10366 QUAIL CROWN DR.</del>	<del>NAPLES FL</del>	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D, P	E. DELMAN, LYNN	10344 QUAIL CROWN DR.	NAPLES, FL.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D, P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BENTSON, PAUL	10369 QUAIL CROWN DR.	NAPLES, FL.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PATTON, JUDITH	10334 QUAIL CROWN DR.	NAPLES, FL.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

*E. Delman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

941/591-2010

Date Daytime Phone #

CR2E037 (1/1/98)