

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N24462**

1. Entity Name

**QUAIL'S NEST RESIDENTS ASSOCIATION, INC.**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90108 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

~~P. O. BOX 7105~~  
~~NAPLES FL 34109-0105~~  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 110339

P.O. Box 110339

City & State  
 Naples, FL

City & State  
 Naples, FL

Zip  
 34108

Country

Zip  
 34108

Country

4. FEI Number

65-0112199

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

2073 J+C BLVD.

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <del>EDERLMAN, LYNN</del> 10344 QUAIL CROWN DR NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DP</del> <del>DEVER, DON</del> <del>11702 QUAIL CROWN DRIVE</del> <del>NAPLES FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTSOR, PAUL 10369 QUAIL CROWN DR NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <del>DEFIERRE, MARTHA</del> <del>10340 QUAIL CROWN DR</del> <del>NAPLES FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTON, J D 10334 QUAIL CROWN DR NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDELMAN, LYNN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP JAMIESON, TOM 10354 Quail Crown Dr. NAPLES, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S BOVA, Bob 10356 Quail Crown Dr. NAPLES, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *Lynn Edelmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 941-591-2040

CR2E037 (9/99)