

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90038 038 ****61.25

DOCUMENT # N24462

1. Entity Name

QUAIL'S NEST RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 110339
 NAPLES FL 34108
 US

PO BOX 110339
 NAPLES FL 34108
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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
2073 J AND C BLVD
NAPLES FL 34109

Name

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

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 DT	<input checked="" type="checkbox"/> Delete	TITLE D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KLOPPENBURG, RICH		NAME GOODMAN, JOHN	
STREET ADDRESS 10391 QUAIL CROWN DR		STREET ADDRESS 10359 QUAIL CROWN DR.	
CITY-ST-ZIP NAPLES FL		CITY-ST-ZIP NAPLES, FL	
TITLE DP	<input checked="" type="checkbox"/> Delete	TITLE D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JAMIESON, THOMAS		NAME Allen, Lois	
STREET ADDRESS 10354 QUAIL CROWN DR		STREET ADDRESS 10376 QUAIL CROWN DR.	
CITY-ST-ZIP NAPLES FL		CITY-ST-ZIP NAPLES, FL.	
TITLE DVP	<input type="checkbox"/> Delete	TITLE D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLLAND, DUFFY		NAME	
STREET ADDRESS 10344 QUAIL CROWN DR		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		CITY-ST-ZIP	
TITLE DS	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOVA, BOB		NAME Holt, Mike	
STREET ADDRESS 10356 QUAILCROWN DR		STREET ADDRESS 10373 QUAIL CROWN DR.	
CITY-ST-ZIP NAPLES FL		CITY-ST-ZIP NAPLES, FL	
TITLE DT	<input type="checkbox"/> Delete	TITLE D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATSON, WILLIAM		NAME	
STREET ADDRESS 10352 QUAIL CROWN DR		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Lois Allen*
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 941-591-2040
 Date Daytime Phone #

CR2E037 (9/01)