



## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N24462						FILED 05 NOV 17 PM 12:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name QUAIL'S NEST RESIDENTS ASSOCIATION, INC.							
Principal Place of Business PO BOX 110339 NAPLES, FL 34108 US		Mailing Address PO BOX 110339 NAPLES, FL 34108 US					
2. Principal Place of Business <i>11875 QUAIL VILLAGE WAY</i>		3. Mailing Address <i>11875 QUAIL VILLAGE WAY</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11082005 REIN-NP		CR2E099 (6/04)	
City & State <i>NAPLES, FL</i>		City & State <i>NAPLES, FL</i>		4. FEI Number 65-0112199		Applied For Not Applicable	
Zip <i>34119</i>		Country <i>USA</i>		Zip <i>34119</i>		Country <i>USA</i>	
5. Certificate of Status Desired <input type="checkbox"/> \$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 4306 ARNOLD AVE NAPLES, FL 34104				Name <i>ALAN RAULERSON</i> Street Address (P.O. Box Number is Not Acceptable) <i>11875 QUAIL VILLAGE WAY</i> City <i>NAPLES</i> FL Zip Code <i>34119</i>			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>[Signature]</i>				DATE <i>11/8/05</i>			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOLT, GRETCHEN 10373 QUAIL CROWN DR NAPLES, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PAUL HAWKINS 11762 QUAIL VILLAGE WAY NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REGAN, DOMINIC 10358 QUAIL CROWN DR NAPLES, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GEORGE FELDMAN 10378 QUAIL CROWN DR NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEEUWSEN, SALLY 10380 QUAIL CROWN DR NAPLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700061521057 11/17/05--01048--002 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAVIER, RONALD 10374 QUAIL CROWN DR NAPLES, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANDY LASCH 11740 QUAIL VILLAGE WAY NAPLES FL 34119	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>	<input type="checkbox"/> Delete	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"/> Delete	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: <i>[Signature]</i>				DATE <i>11/8/05</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			