

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24462

FILED  
Mar 24, 2006  
Secretary of State

Entity Name: QUAIL'S NEST RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

11875 QUAIL VILLAGE WAY  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

11875 QUAIL VILLAGE WAY  
NAPLES, FL 34119 US

**New Mailing Address:**

FEI Number: 65-0112199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAULERSON, ALAN  
11875 QUAIL VILLAGE WAY  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: HAWKINS, PAUL  
Address: 11762 QUAIL VILLAGE WAY  
City-St-Zip: NAPLES, FL 34119

Title: DS ( ) Delete  
Name: FELDMAN, GEORGE  
Address: 10358 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL

Title: DP ( ) Delete  
Name: MEEUWSEN, SALLY  
Address: 10380 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL

Title: DT ( ) Delete  
Name: LASCH, SANDY  
Address: 11748 QUAIL VILLAGE WAY  
City-St-Zip: NAPLES, FL 34119

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: FELDMAN, GEORGE  
Address: 10378 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL

Title: DT (X) Change ( ) Addition  
Name: PSARIS, MICHAEL  
Address: 10342 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL

Title: DS (X) Change ( ) Addition  
Name: JAMIESON, DOROTHY  
Address: 10354 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL 34119

Title: DV ( ) Change (X) Addition  
Name: NELSON, JOHN  
Address: 10345 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PSARIS

DT

03/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date