

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24462

FILED  
Feb 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

11655 QUAIL VILLAGE WAY  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

11655 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, EDWARD A  
11655 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: DT  
Name: JAMIESON, TOM  
Address: 10354 QUAIL CROWN DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: MEEUWSEN, DANIEL  
Address: 10380 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL

Title: D  
Name: PIETRASZEK, HENRY  
Address: 10373 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL

Title: DP  
Name: HEALY, MICHELLE  
Address: 10376 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL 34119

Title: DS  
Name: GOOD, CONNIE  
Address: 10401 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: EDWARD ALAN RAULERSON

GM

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date