

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90234 009 ****61.25

DOCUMENT # N24462



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

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

KUETER, BEVERLY
C/O SUNBRUST MGMT CORP
~~**2070 J AND G BLVD**~~
~~**NAPLES FL 34109**~~

7. Name and Address of New Registered Agent

Name

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

4306 ARNOLD AVE.

City

NAPLES

FL

Zip Code

34104

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, JOHN	
STREET ADDRESS	10350 QUAIL CROWN DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, LOIS	
STREET ADDRESS	10376 QUAIL CROWN DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, BUFFY	
STREET ADDRESS	10344 QUAIL CROWN DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT, MIKE	
STREET ADDRESS	10373 QUAIL CROWN DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WATSON, WILLIAM	
STREET ADDRESS	10352 QUAIL CROWN DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Richard	
STREET ADDRESS	10401 Quail Crown Dr.	
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Regan, Dominic	
STREET ADDRESS	10358 Quail Crown Dr.	
CITY-ST-ZIP	NAPLES, FL	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meeuwesen Sally	
STREET ADDRESS	10380 Quail Crown Dr.	
CITY-ST-ZIP	NAPLES, FL	
TITLE	D,P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bavier, RONALD	
STREET ADDRESS	10374 Quail Crown Dr.	
CITY-ST-ZIP	NAPLES, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Sally Meeuwesen
SIGNATURE REQUIRED

4/25/03 239-263-7403

CR2E037 (10/02)