FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1991	
DOCUMENT 1. Corporation Name	#

758944

(3)

QUAIL CREEK PROPERTY OWNERS ASSOCIATION, INC.

40/112	Olice City Birth China	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			
Principal Place	of Business	Mailing Address	·····			(SABA BARAH DABIN DABIN DABIN DABIN BABAH 1988)
10915 BONITA	BEACH RD	10915 BONITA BEACH RI	D		·	
STE 1131		STE 1131			ţ	
BONITA SPRINK US	3S FL 33923	Bonita Springs FL 341 US	30-8000		3. Date Incorporated or Qualified 06/29/1981	3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2152193	Not Applicable
Suite, Apt. I	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 Additional
City & State		City & State				Fee Required
23	,	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	This corporation has liability for	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Ro	gistered Agent
	*		81	Name		
	OREN N.		82	Street Add	ress (P.O. Box Number is Not Accepta	ole)
	ONITA BEACH RD SUITE 1101		83	 	**************************************	
BUNITA	SPRINGS FL 33923				-	·····
			84	City		85 Zip Code
11. Pursuant t	o the provisions of Sections 617,0502	and 617.1508, Florida Statu	tes, the abov	e-named cor	poration submits this statement for the ation's board of directors. I hereby acce	ourpose of changing its registered
office or re agent. Lar	egistered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was tions of, Section 617.0503, Fl	authorized b Iorida Statute	ly the corpora is.	ation's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE _						
	Signature, typeid or printed name of registered ager			jeni signature requ	ared when reinstalling)	DATE
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFI	Change Addition
TITLE NAME	PD Flynn, William	D precie	1.2 NAME			C Change C Addition
STREET ADDRESS	13055 VALEWOOD DRIVE			T ADDRESS		
CITY-\$T-ZIP	NAPLES FL		1.4 CITY-	1		
THILE	VP	DELETE.	2.1 TITLE	<u> </u>		Change Addition
NAME	DALY, JACK		2.2 NAME			
STREET ADDRESS	4756 POND APPLE NORTH		23 STREE	T ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY	ST-ZIP		
TITLE	Ţ	DELETE	3.1 TITLE	[Change Addition
NAME	CLAUSEN, GEORGE		3.2 NAME	ļ.		
STREET ADDRESS	4223 SNOWBERRY LANE		1	T ADDRESS		
CITY - ST - ZIP	NAPLES FL VPS	[] DELETE	3.4. CITY -	-ST-ZIP		Change Addition
NAME	ESSLINGER, ARDEN	im) perete	4.1 HILE 4. 2 NAM			C comple C vodition
STREET ADDRESS	12956 BALD CYPRESS LANE			T ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-			
TITLE	D D	☐ DELETE	5.1 TITLE			Change Addition
NAME	HARVEY, JOHN		5.2 NAME	1		
STREET ADDRESS	4388 POND APPLE NORTH		5.3 STREE	T ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 C/TY-	ST-ZIP		
TITLE	AS	DELETE	6.1 TITLE			Change Addition
NAME	LAINE, LOREN		6.2 NAME			
STREET ADDRESS	10915 BONITA BCH, RD STE	1131	6.3 STREE	T ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS FL		6.4 CITY	ST-ZIP		

4. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the competition of the receivance fusite empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged from an attempt with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 Date

FILED

May 20 1997 8:00am

Secretary of State

Daytime Phone # 0060465