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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758944 (3)
1. Corporation Name
QUAIL CREEK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
10915 BONITA BEACH RD
STE 1131
BONITA SPRINGS FL 33923
US

Mailing Address
10915 BONITA BEACH RD
STE 1131
BONITA SPRINGS FL 33923
US

3. Date Incorporated or Qualified
06/29/1981

4. FEI Number
59-2152193

Applied For
Not Applicable

2. Principal Place of Business
21 4886 POND APPLE DR S
Suite, Apt. #, etc.
22
City & State
23 NAPLES, FL 34119
Zip Country
24
25 COLLIER
26 4886 POND APPLE DRIVE S
Suite, Apt. #, etc.
27
City & State
28 NAPLES, FL 34119
Zip Country
29
30 COLLIER

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANE, LOREN N.
10915 BONITA BEACH RD SUITE 1131
BONITA SPRINGS FL 33923
XXXXXXXXXXXXX 4886 POND APPLE DR S
XXXXXXXXXXXXX NAPLES, FL 34119

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	FLYNN, WILLIAM	13055 VALEWOOD DRIVE	NAPLES FL	<input type="checkbox"/>
VP	DALY, JACK	4758 POND APPLE NORTH	NAPLES FL	<input type="checkbox"/>
	CLAUSEN, GEORGE	4223 SNOWBERRY LANE	NAPLES FL	<input type="checkbox"/>
VPS	ESSLINGER, ARDEN	12056 BALD CYPRESS LANE	NAPLES FL	<input checked="" type="checkbox"/>
D	HARVEY, JOHN	4388 POND APPLE NORTH	NAPLES FL	<input type="checkbox"/>
AS	LAINE, LOREN	10915 BONITA BCH, RD STE 1131	BONITA SPRINGS FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

VPS
ROBERT MULHOLLAND
4301 SILVER FOX DRIVE
NAPLES, FL 34119

4886 POND APPLE DRIVE SOUTH
NAPLES, FLORIDA 34119

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3/26/98 (941) 594-6966

CR2E037 (10/97)