

2000 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
May 15, 2000 8:00 am
Secretary of State
 03-21-2000 90089 015 ****61.25

DOCUMENT # 758944

1. Entity Name

QUAIL CREEK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

4886 POND APPLE DR S
 NAPLES FL 34119
 US

Mailing Address

4886 POND APPLE DR S
 NAPLES FL 34119-8538
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2152193**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAINÉ, LOREN N.
4886 POND APPLE DR S
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, WILLIAM	
STREET ADDRESS	13055 VALEWOOD DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEN, HAL	
STREET ADDRESS	4302 SNOWBERRY LN	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CLAUSEN, GEORGE	
STREET ADDRESS	4223 SNOWBERRY LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	MUHOLLAND, ROBERT	
STREET ADDRESS	4301 SILVER FOX DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAKOSKE, JOHN	
STREET ADDRESS	4501 SILVER FOX DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LAINÉ, LOREN	
STREET ADDRESS	4886 POND APPLE DR S	
CITY-ST-ZIP	NAPLES FL 34119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT E. MULHOLLAND	
STREET ADDRESS	4301 SILVER FOX	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD STONE	
STREET ADDRESS	13456 POND APPLE DR	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	GARRY LAKIN D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	13057 Coco Plum Lane	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst/ Sec

Date

3-9--2000

Daytime Phone #

CR2E037 (9/99)