

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90033 043 \*\*\*\*70.00

**DOCUMENT # 758944**

1. Entity Name

QUAIL CREEK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

4886 POND APPLE DRIVE  
NAPLES FL 34119  
US

Mailing Address

4886 POND APPLE DRIVE  
NAPLES FL 34119  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

LAINÉ, LOREN N  
4886 POND APPLE DRIVE  
NAPLES FL 34119

Name

David Govanus

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

4886 Pond Apple Drive

City

Naples

FL

Zip Code  
34119

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WOODDRIDGE, JOHN	
STREET ADDRESS	13456 POND APPLE DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TIPPETT, SHIRLEY	
STREET ADDRESS	13001 WHITE VIOLET DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	LAINÉ, LOREN	
STREET ADDRESS	4886 POND APPLE DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEEHAN, EDWARD	
STREET ADDRESS	12856 VALEWOOD DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	EBERHARD, E. JOHN	
STREET ADDRESS	13055 POND APPLE DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURKHARDT, TED	
STREET ADDRESS	4402 SILVER FOX DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V. President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Hazzard	
STREET ADDRESS	4355 Butterfly Orchid	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	V. President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Driscoll	
STREET ADDRESS	13029 Bald Cypress Lane	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray Eshelman	
STREET ADDRESS	13101 Pond Apple East	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Finley Lee	
STREET ADDRESS	4488 Pond Apple Drive	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Finley Lee	
STREET ADDRESS	4488 Pond Apple Drive	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	ASD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Govanus	
STREET ADDRESS	4886 Pond Apple Drive	
CITY-ST-ZIP	Naples, FL 34119	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *David Govanus* **DAVID GOVANUS ASST. SECRETARY**

2/23/06

239-571-6866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #