

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03632

Entity Name: QUAIL CREEK VILLAGE FOUNDATION, INC.**Current Principal Place of Business:**11655 QUAIL VILLAGE WAY
NAPLES, FL 34119**Current Mailing Address:**11655 QUAIL VILLAGE WAY
NAPLES, FL 34119 US**FEI Number: 59-2779289****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SAMOUCÉ, ROBERT C
5405 PARK CENTRAL COURT
NAPLES, FL 34109 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VP
Name BEAUPRE, NANCY
Address 11412 QUAIL VILLAGE WAY
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name BOGOSIAN, ROBERT
Address 11766 QUAIL VILLAGE WAY
City-State-Zip: NAPLES FL 34119

Title SECRETARY
Name AUGER, PAUL
Address 11416 QUAIL VILLAGE WAY
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name HEALY, MICHELLE
Address 10376 QUAIL COWN DRIVE
City-State-Zip: NAPLES FL 34119

Title TREASURER
Name KOHER, ELLEN
Address 10335 QUAIL CROWN DRIVE
City-State-Zip: NAPLES FL 34119

Title PRESIDENT
Name MEEUWSEN, DANIEL
Address 10380 QUAIL CROWN DRIVE
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name NELSON, JOHN
Address 10345 QUAIL CROWN DRIVE
City-State-Zip: NAPLES FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL MEEUWSEN**PRESIDENT****02/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date