

2018 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 TREASURER
Name KOHER, ELLEN
Address 10335 QUAIL CROWN DRIVE
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 UCKOTTER, DAVE
Address 11648 QUAIL VILLAGE WAY
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name HOPEWOOD, BARBARA
Address 11708 QUAIL VILLAGE WAY
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name ARNOLD, DOUG
Address 11608 QUAIL VILLAGE WAY
City-State-Zip: NAPLES FL 34119

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

Title PRESIDENT
Name ACCORSINI, FRANCIS (CHIP)
Address 10395 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: JOHN NELSON**VP****01/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date