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: ROBERT VANDERPOST

Electronic Signature of Signing Officer/Director Detail

REPORT DOCUMENT# N04000001916

Entity Name: THE MEADOWS AT QUAIL CREEK VILLAGE CONDOMINIUM ASSOCIATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Current Principal Place of Business:

6736 LONE OAK BLVD NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD NAPLES, FL 34109 US

FEI Number: 20-2895893

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD 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.

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SIGNATURE	E DENNIS LIVELY			05/03/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	TREASURER, SECRETARY	
Name	VANDERPOST, ROBERT	Name	TACHER, SHANNON	
Address	6736 LONE OAK BLVD	Address	6736 LONE OAK BLVD	
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109	
Title	VP			
Name	ABBATICCHIO, CARMELINDA			
Address	6736 LONE OAK BLVD			
City-State-Zip:	NAPLES FL 34109			

PRESIDENT

05/03/2022

FILED May 03, 2022 Secretary of State 5209532930CC

Certificate of Status Desired: No

Date