

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011638

Entity Name: ESCALA AT QUAIL WEST NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104 US

FEI Number: 35-2470483

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104 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: ROBERT ROSENOW

04/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	WEIDENKOPF, TOM
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104
Title	TREASURER
Name	SANSOME, JOHN
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

Title	SECRETARY
Name	FELDMANN, MICHAEL
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104
Title	VP
Name	PIETROBONO, ROBERT
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

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 PIETROBONO

VP

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date