

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24462

**Entity Name:** QUAIL'S NEST RESIDENTS ASSOCIATION, 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:** 65-0112199

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAULERSON, EDWARD A  
11655 QUAIL VILLAGE WAY  
NAPLES, FL 34119 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 DT  
Name JAMIESON, TOM  
Address 10354 QUAIL CROWN DRIVE  
City-State-Zip: NAPLES FL 34119

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

Title VP  
Name DEVER, DONALD  
Address 11752 QUAIL VILLAGE WAY  
City-State-Zip: NAPLES FL

Title DIRECTOR  
Name MURPHY, VINCENT  
Address 10341 QUAIL CROWN DR  
City-State-Zip: NAPLES FL 34119

Title SECRETARY  
Name GOOD, CONNIE  
Address 10401 QUAIL CROWN DR  
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:** VINCENT MURPHY

**DIRECTOR**

**02/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date