

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40631

Entity Name: QUEST FOR COLLIER COUNTY, INC.**Current Principal Place of Business:**2706 S HORSESHOE DR.
NAPLES, FL 34104**Current Mailing Address:**2706 S HORSESHOE DR.
NAPLES, FL 34104**FEI Number:** 65-0232400**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HL STATUTORY AGENT, INC.
5811 PELICAN BAY BLVD., SUITE 650
NAPLES, FL 34103 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:** JEANNE L. SEEWALD, VICE PRESIDENT

04/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name GRADY, THOMAS R
Address 2706 HORSESHOE DRIVE SOUTH
City-State-Zip: NAPLES FL 34104

Title D
Name RICHTER, GARRETT
Address 2706 HORSESHOE DRIVE SOUTH
City-State-Zip: NAPLES FL 34104

Title D
Name GOODLETTE, DUDLEY J
Address 2706 HORSESHOE DRIVE SOUTH
City-State-Zip: NAPLES FL 34104

Title D
Name KENNEDY, MICHAEL W
Address 2706 HORSESHOE DRIVE SOUTH
City-State-Zip: NAPLES FL 34104

Title D
Name MORTON, EDWARD R
Address 2706 HORSESHOE DRIVE SOUTH
City-State-Zip: NAPLES FL 34104

Title D
Name MCLAUGHLIN, JUSTIN
Address 2706 HORSESHOE DRIVE SOUTH
City-State-Zip: NAPLES FL 34104

Title D
Name DEKKO, TAD
Address 2706 HORSESHOE DRIVE SOUTH
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: THOMAS R. GRADY

CHAIRMAN

04/13/2015

Electronic Signature of Signing Officer/Director Detail

Date