
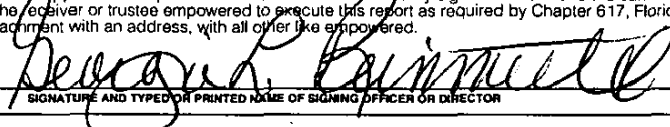


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90058 018 ****61.25

DOCUMENT # 730558 1. Entity Name QUAIL RUN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7081 QUAIL RUN COURT E. FT. MYERS, FL 33908			Mailing Address 7081 QUAIL RUN COURT E. FT. MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1907737				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, JUDITH PRIMARY MGMT SYSTEMS, INC. 7065 QUAIL RUN CT. E-A1 FT. MYERS, FL 33908			7. Name and Address of New Registered Agent "KEN HAYDEN" Hayden & Associates 8359 Beacon Blvd. Suite 213 Fort Myers, Florida 33907		
8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE  DATE 4/14/05					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TURTLE, WENDELL		NAME	PRES REINMUTH, GEORGIA	
STREET ADDRESS	7077 15 QUAIL RUN CT E		STREET ADDRESS	7117 QUAIL RUN CT. W, C13	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE, ROBERT		NAME	D 160, TERRY	
STREET ADDRESS	7065-01 QUAIL RUN CT E		STREET ADDRESS	4629 BRAINARD BAYOU RD.	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOLL, KAREN		NAME		
STREET ADDRESS	7107-04 QUAIL RUN CT		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, CHARLOTTE		NAME		
STREET ADDRESS	7093-11 QUAIL RUN CT W		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Date: 3/19/05 Pres.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

239-415-1105