


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90253 026 \*\*\*\*61.25

<b>DOCUMENT # 730558</b>	
1. Entity Name <b>QUAIL RUN CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>7081 QUAIL RUN COURT E. FT. MYERS, FL 33908</b>	Mailing Address <b>7081 QUAIL RUN COURT E. FT. MYERS, FL 33908</b>
---	---

**40076975**



2. Principal Place of Business - No P.O. Box # <b>711 TARPON Bay Rd</b>	3. Mailing Address <b>P.O. Box 100</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State <b>SANIBEL FL</b>	City & State <b>SANIBEL FL</b>
Zip <b>33957</b>	Country <b>USA</b>
Zip <b>33957</b>	Country <b>USA</b>

4. FEI Number <b>59-1907737</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>REINMUTH, GEORGIA 7117 QUAIL RUN CT C13 FORT MYERS, FL 33908</b>	
--	--

7. Name and Address of New Registered Agent <b>Steven Mackesy</b> <b>711 TARPON Bay Rd</b> <b>SANIBEL FL 33957</b>	
---	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE
--	------

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WOOD, LAWANNA POB 6734 FORT MYERS BEACH, FL 33932 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINMUTH, GEORGIA 7117 QUAIL RUN CT. WEST, C13 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Wanda Lloyd</b> <b>4 Elizabeth Cooper Dr</b> <b>Charleston SC 29813</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WHITE, JUDITH 7065 QUAIL RUN CT A1 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, CHARLOTTE 7093-11 QUAIL RUN CT W FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS IGO, TERRY 4629 BRAINARD BAYOU ROAD SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	3/22/07	239.896-5927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #