

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 758944

1. Entity Name
QUAIL CREEK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
4886 POND APPLE DRIVE
NAPLES, FL 34119 US

Mailing Address
4886 POND APPLE DRIVE
NAPLES, FL 34119 US



01222007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2152193

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOVANUS, DAVID
4886 POND APPLE DRIVE
NAPLES, FL 34119

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HAZZARD, BILL
STREET ADDRESS	4355 BUTTERFLY ORCHID
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	VP
NAME	DRSCOLL, JOSEPH
STREET ADDRESS	13029 BALD CYPRESS LN
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	S
NAME	ESHELMAN, RAY
STREET ADDRESS	13101 POND APPLE EAST
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	P
NAME	MEEHAN, EDWARD
STREET ADDRESS	12856 VALEWOOD DRIVE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	T
NAME	LEE, J. FINLEY
STREET ADDRESS	4488 POND APPLE DR
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	ASD
NAME	GOVANUS, DAVID
STREET ADDRESS	4886 POND APPLE DR
CITY-ST-ZIP	NAPLES, FL 34119

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01/31/07-80002-023 70.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2007 239-594-6966
Date Daytime Phone #

DAVID L. GOVANUS, General Manager