

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758944

FILED
Jan 20, 2009
Secretary of State

Entity Name: QUAIL CREEK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4886 POND APPLE DRIVE
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

4886 POND APPLE DRIVE
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 59-2152193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOVANUS, DAVID
4886 POND APPLE DRIVE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HAZZARD, BILL
Address: 4355 BUTTERFLY ORCHID
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: DRSCOLL, JOSEPH
Address: 13029 BALD CYPRESS LN
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: ESHELMAN, RAY
Address: 13101 POND APPPLE EAST
City-St-Zip: NAPLES, FL 34119

Title: P () Delete
Name: MEEHAN, EDWARD
Address: 12856 VALEWOOD DRIVE
City-St-Zip: NAPLES, FL 34119

Title: T () Delete
Name: LEE, J. FINLEY
Address: 4488 POND APPLE DR
City-St-Zip: NAPLES, FL 34119

Title: ASD () Delete
Name: GOVANUS, DAVID
Address: 4886 POND APPLE DR
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LEE, J. FINLEY
Address: 4488 POND APPLE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: T (X) Change () Addition
Name: WESTRICK, WILLIAM
Address: 3488 ROSEWOOD LANE
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID GOVANUS

RA

01/20/2009

Electronic Signature of Signing Officer or Director

Date