

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3: 16

DOCUMENT # **764171** (5)

1. Corporation Name
QUAIL ROOST OF NAPLES CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
ION, INC. 2500 AIRPORT ROAD SO. NAPLES FL 33962	ION, INC. 2500 AIRPORT ROAD SO. NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1982	3a. Date of Last Report 03/15/1994
4. FEI Number 59-2914027	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, WILLIAM B
2358 PINWOOD CIRCLE
NAPLES FL 33942

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	STONE, WILLIAM B
STREET ADDRESS	2358 PINWOODS CIRCLE
CITY- ST- ZIP	NAPLES FL
TITLE	SD
NAME	MOORMAN, MARDI S.
STREET ADDRESS	1205 WHIPPOORWILL LN.
CITY- ST- ZIP	NAPLES, FL 00000
TITLE	TD
NAME	CASSIDY, JAMES R
STREET ADDRESS	5314 BROWARD STR
CITY- ST- ZIP	NAPLES FL
TITLE	D
NAME	LLEWELLYN, ARDEN
STREET ADDRESS	35 COVEY LANE
CITY- ST- ZIP	NAPLES FL
TITLE	D
NAME	HENDRICKS, CHARLES O
STREET ADDRESS	247 LOON LANE
CITY- ST- ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Maria Margeson
4.3 STREET ADDRESS	20 Grosbeak Lane
4.4 CITY- ST- ZIP	Naples, FL 33961
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D John Benfield
5.3 STREET ADDRESS	264 Woodpecker Road
5.4 CITY- ST- ZIP	Naples, FL 33961
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William B Stone William B Stone 2/8/95 (813) 774-5572