

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

APPROVED AND FILED  
95 FEB 22 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 764111  
1. Corporation Name  
Quail Roost of Naples Condominium Assn. Phase II, Inc

Principal Place of Business Mailing Address  
2500 Airport Road So. Same  
Naples, FL 33962

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified 3a. Date of Last Report 1994  
4. FEI Number 65-0087852 Applied For Not Applicable

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

5. Certificate of Status Desired  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
Stone, William B  
2358 Pinewood Circle  
Naples, FL 33942

10. Name and Address of New Registered Agent  
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 registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | NAME  | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| PD                         | Stone, William B<br>2358 Pinewood Circle<br>Naples, FL 33942  | 1.2 NAME  |  |
| SD                         | Moorman, Mardi S<br>1205 Whipoorwill Lane<br>Naples, FL 33999 | 1.3 STREET ADDRESS                                    |  |
| TD                         | Cassidy, James R<br>5314 Broward St.<br>Naples, FL 33962      | 1.4 CITY - ST - ZIP                                   |  |
| D                          | Margeson, Maria<br>20 Grosbeak Lane<br>Naples, FL 33961       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| D                          | Benfield, John<br>264 Woodpecker Road<br>Naples, FL 33961     | 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |   | 4.2 NAME  |  |
|                            |   | 4.3 STREET ADDRESS                                    |  |
|                            |   | 4.4 CITY - ST - ZIP                                   |  |
|                            |   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |   | 5.2 NAME  |  |
|                            |   | 5.3 STREET ADDRESS                                    |  |
|                            |   | 5.4 CITY - ST - ZIP                                   |  |
|                            |   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |   | 6.2 NAME  |  |
|                            |   | 6.3 STREET ADDRESS                                    |  |
|                            |   | 6.4 CITY - ST - ZIP                                   |  |

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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 119.07(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 017, 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 02/08/95 (813)774-5572  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Printed #