

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 764171 (5)

1. Corporation Name

QUAIL ROOST OF NAPLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ION, INC.
2500 AIRPORT ROAD SO.
NAPLES FL 33962

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2500 AIRPORT ROAD SO.
NAPLES FL 33962

3. Date Incorporated or Qualified **07/15/1982** 3a. Date of Last Report **02/15/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2914027

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

Zip

Country

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STONE, WILLIAM B	
STREET ADDRESS	2358 PINWOODS CIRCLE	
CITY - ST - ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOORMAN, MARDI S.	
STREET ADDRESS	1205 WHIPPOORWILL LN.	
CITY - ST - ZIP	NAPLES, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CASSIDY, JAMES R	
STREET ADDRESS	5314 BROWARD STR	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARGESON, MARIA	
STREET ADDRESS	20 GROSBEAK LANE	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENFIELD, JOHN	
STREET ADDRESS	264 WOODPECKER ROAD	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harper, Joseph	
1.3 STREET ADDRESS	204 Grosbeak Lane	
1.4 CITY - ST - ZIP	Naples, FL 33961	
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 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		

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 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 01/24/96 941-774-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)