

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34112 US	ION, INC. 2500 AIRPORT ROAD SO. NAPLES FL 33982

3. Date Incorporated or Qualified	07/15/1982
4. FEI Number	59-2914027
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 11209	26 P.O. Box 11209
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Naples, FL	28 Naples, FL
Zip	Zip
24 34101	29 34101
Country	Country
25 US	30 US

6. 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. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
STONE, WILLIAM B 2358 PINWOOD CIRCLE NAPLES FL 34105	

10. Name and Address of New Registered Agent	
81 Name	Stephen P. Haul
82 Street Address (P.O. Box Number is Not Acceptable)	4985 E. Tamiami Trail
83	
84 City	Naples
85 Zip Code	FL 34113

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] (NOTE: Registered Agent signature required when reinstating) DATE 4/8/98

12. OFFICERS AND DIRECTORS	
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	MARGESON, MARIA
STREET ADDRESS	20 GROSBEAK LANE
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	HARPER, JOSEPH
STREET ADDRESS	204 GROSBEAK LANE
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TD
1.2 NAME	Betty Christensen
1.3 STREET ADDRESS	23 Grosbeak Lane
1.4 CITY-ST-ZIP	Naples, FL 34114
2.1 TITLE	SD
2.2 NAME	Joanna McElally
2.3 STREET ADDRESS	59 Grouse Lane
2.4 CITY-ST-ZIP	Naples, FL 34114
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VPD
4.2 NAME	Margeson, Maria
4.3 STREET ADDRESS	20 Grosbeak Lane
4.4 CITY-ST-ZIP	Naples, FL 34114
5.1 TITLE	PD
5.2 NAME	Harper, Joseph
5.3 STREET ADDRESS	204 Grosbeak Lane
5.4 CITY-ST-ZIP	Naples, FL 34114
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE 4-8-98 DAYTIME PHONE # 775-966V

CR2E037 (10/97)