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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90250 031 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 764171

1. Corporation Name

QUAIL ROOST OF NAPLES CONDOMINIUM ASSOCIATION, I  
NC.

\* 3 6 366882 - 90250 - 31 2 \*

Principal Place of Business

Mailing Address

PO BOX 11204  
NAPLES FL 34101  
US

PO BOX 11209  
NAPLES FL 34101  
US



2. Principal Place of Business

2a. Mailing Address

21 PO BOX 11209

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

25

29 Zip Country

30

3. Date Incorporated or Qualified

07/15/1982

4. FEI Number

59-2914027

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAUL, STEPHEN P  
4985 E TAMAMI TRAIL  
NAPLES FL 34113

81 Name

HART,

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

*Step P. Haul*

4/12/99

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 TD  DELETE  
NAME CHRISTENSEN, BETTY  
STREET ADDRESS 23 GROSBECK LANE  
CITY-ST-ZIP NAPLES FL 34114

1.1 TITLE VP  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME MCNELLY, JOANNA  
STREET ADDRESS 59 GROUSE LANE  
CITY-ST-ZIP NAPLES, FL 00000.34114

2.1 TITLE S  Change  Addition  
2.2 NAME SALERNO, RALPH  
2.3 STREET ADDRESS 38 GROSBEAK LANE  
2.4 CITY-ST-ZIP NAPLES, FL 34114

TITLE VPD  DELETE  
NAME MORGESON, MARIA  
STREET ADDRESS 20 GROSBEAK LANE  
CITY-ST-ZIP NAPLES FL 34114

3.1 TITLE P  Change  Addition  
3.2 NAME MARGESON, MARIA  
3.3 STREET ADDRESS 224 GROSBEAK LANE  
3.4 CITY-ST-ZIP NAPLES, FL 34114

TITLE PD  DELETE  
NAME HAPER, JOSEPH  
STREET ADDRESS 204 GROSBEAK LANE  
CITY-ST-ZIP NAPLES FL 34114

4.1 TITLE T  Change  Addition  
4.2 NAME HARPER  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE D  Change  Addition  
5.2 NAME ROBINSON, EARLE  
5.3 STREET ADDRESS 236 LOCOST GLEN DRIVE  
5.4 CITY-ST-ZIP CRANSTON, RT 02921

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
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, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE

4-15-99

Date

941-775-9667

Daytime Phone #

CR2E037 (11/98)