

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90035 041 \*\*\*\*61.25

**DOCUMENT # 764171**

1. Entity Name

**QUAIL ROOST OF NAPLES CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

P.O. BOX 11209  
 NAPLES FL 34101  
 US

PO BOX 11209  
 NAPLES FL 34101  
 US

**913859**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2914027**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, STEPHEN P**  
**4985 E TAMIAMI TRAIL**  
**NAPLES FL 34113**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
 ✓ VP  
 CHRISTENSEN, BETTY  
 STREET ADDRESS 23 GROSBECK LANE  
 CITY-ST-ZIP NAPLES FL 34114

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 ✓ DP  
 TOLMAN, DALE  
 STREET ADDRESS 1 CROSBEAK LANE  
 CITY-ST-ZIP NAPLES FL 34114

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 ✓ SD  
 BATTS, MARGARET M  
 STREET ADDRESS 274 CROSBEAK LANE  
 CITY-ST-ZIP NAPLES FL 34114

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 PD  
 MARGESON, JACK  
 STREET ADDRESS 224 CROSBEAK LANE  
 CITY-ST-ZIP NAPLES FL 34114

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

*TD Margeson, Jack  
 224 Grosbeak Lane  
 Naples, FL 34114*

TITLE NAME  Delete  
 D  
 GLASSER, GERALD  
 STREET ADDRESS 7344 OSTEGO LAKE DRIVE  
 CITY-ST-ZIP GAYLORD MI 49735

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

*VPD  
 Glasser, Gerald  
 7344 Ostego Lake Dr  
 Gaylord, MI 49735*

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*Jack Margeson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-30-01*

Date

Daytime Phone #

CR2E037 (10/00)