CORPORATION ANNUAL REPORT 1995

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 765590 (5)

1. Corporation Name
QUAIL RUN GOLF CLUB, INC.

Principal Place of Business	Mailing Address
#1 FOREST LAKES BLVD. NAPLES FL 33942	#1 FOREST LAKES BLVD. NAPLES FL 33942

3. Date Incorporated or Qualified: 10/28/1982
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2199546 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ $8.75 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

O'CONNOR, COLLINS
1081 FOREST LAKES DR.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: Thomas R. Dockrell
82 Street Address (P.O. Box Number is Not Acceptable): 1081 Forest Lakes Drive
83
84 City: Naples FL 85 Zip Code: 33942

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: Thomas R. Dockrell, President 3/17/95
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	1.1 TITLE	President, Director ☒ Change ☐ Addition
NAME	O'CONNOR, COLLINS	1.2 NAME	Thomas R. Dockrell
STREET ADDRESS	1081 FOREST LAKES DR. #109	1.3 STREET ADDRESS	1081 Forest Lakes Drive
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	Naples, FL 33942
TITLE	VD	2.1 TITLE	Vice President, Director ☐ Change ☐ Addition
NAME	LOWES, HAROLD	2.2 NAME	James Marion
STREET ADDRESS	1048 FOREST LAKES DR.	2.3 STREET ADDRESS	1055 Forest Lakes Dr. #207
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	Naples, FL 33942
TITLE	SD	3.1 TITLE	Secretary, Director ☐ Change ☐ Addition
NAME	BOND, SUZAN E	3.2 NAME	Suzan E. Bond
STREET ADDRESS	151 QUAIL FOREST BLVD., #201	3.3 STREET ADDRESS	1700 Forest Lakes Blvd.
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP	Naples, FL 33942
TITLE	T	4.1 TITLE	Treasurer ☐ Change ☐ Addition
NAME	HON, EDWARD G.	4.2 NAME	Edward G. Hon
STREET ADDRESS	168 KIRTKAND	4.3 STREET ADDRESS	168 Kirtland
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL 33942
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	4/11/95 MST
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Thomas R. Dockrell, President 3/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

813-261-2198

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