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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765590** (5)

1. Corporation Name

QUAIL RUN GOLF CLUB, INC.

Principal Place of Business

**#1 FOREST LAKES BLVD.
NAPLES FL 33942**

Mailing Address

**#1 FOREST LAKES BLVD.
NAPLES FL 34105-2352**



3. Date Incorporated or Qualified
10/28/1982

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number
59-2199546

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

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

9. Name and Address of Current Registered Agent

**MONAHAN, GEORGE F.
6588 ILEX CIRCLE
WLDEN OAKS
NAPLES FL 33942**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

George F. Monahan

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/97

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MONAHAN, JR. GEORGE F.**
STREET ADDRESS **6588 ILEX CIRCLE**
CITY-ST-ZIP **NAPLES FL**

TITLE **VPD** ☒ DELETE

NAME **WINTERSTEEN, BRANT**
STREET ADDRESS **5850 LELICAN BAY BLVD A-1**
CITY-ST-ZIP **NAPLES FL**

TITLE **SD** ☒ DELETE

NAME **BOND, SUZAN E**
STREET ADDRESS **1700 FOREST LAKES BLVD.**
CITY-ST-ZIP **NAPLES FL 33942**

TITLE **T** ☐ DELETE

NAME **HON, EDWARD G.**
STREET ADDRESS **168 KIRTKAND**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Vice President/Director
James H. Smith
106 Quail Forest Blvd.
Naples, FL 34105**

**Secretary/Director
Marjorie, Poirier
316 Woodshire Lane #A10
Naples, FL 34105**

14. I do 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

George F. Monahan

3/28/97 944-211 2100

CR2E037 (9/96)