


FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90135 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765590					
1. Corporation Name QUAIL RUN GOLF CLUB, INC.					
Principal Place of Business #1 FOREST LAKES BLVD. NAPLES FL 34105 US			Mailing Address #1 FOREST LAKES BLVD. NAPLES FL 34150 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/28/1982	
4. FEI Number 59-2199546		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8.75 Additional Fee Required		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SMITH, JAMES H 106 QUAIL FOREST BLVD WLADEN OAKS NAPLES FL 34105				10. Name and Address of New Registered Agent 81 Name Ken Fagerlie 82 Street Address (P.O. Box Number is Not Acceptable) 1021 Forest Lakes Dr 83 84 City Naples FL 85 Zip Code 34105			
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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

Ken Fagerlie
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	<input checked="" type="checkbox"/> DELETE		11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JAMES H			12 NAME	FAGERLIE, KEN		
STREET ADDRESS	106 QUAIL FOREST BLVD			13 STREET ADDRESS	1021 Forest Lakes Dr		
CITY-ST-ZIP	NAPLES FL 34105			14 CITY-ST-ZIP	Naples, FL 34105		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, ELIZABETH			22 NAME	WILLIAMS, THOMAS		
STREET ADDRESS	5964 PELICAN BAY BLVD SUITE 432			23 STREET ADDRESS	1056 FOREST LAKES DR #114 C		
CITY-ST-ZIP	NAPLES FL 34108			24 CITY-ST-ZIP	Naples, FL 34105		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POIRIER, MARJORIE			32 NAME	PRIOR, RUTH M		
STREET ADDRESS	316 WOODSHIRE LANE, #A10			33 STREET ADDRESS	628 WOODSHIRE LANE #G10		
CITY-ST-ZIP	NAPLES FL			34 CITY-ST-ZIP	NAPLES, FL 34105		
TITLE	T	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HON. EDWARD G.			42 NAME			
STREET ADDRESS	168 KIRTKAND			43 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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:

Ken Fagerlie

KEN FAGERLIE

3-12-99

941-261-2198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)