
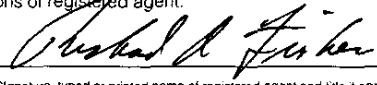
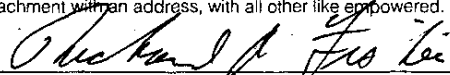


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90676 040 \*\*\*\*61.25

<b>DOCUMENT # 765590</b> 1. Entity Name <b>QUAIL RUN GOLF CLUB, INC.</b>					
Principal Place of Business <b>#1 FOREST LAKES BLVD. NAPLES FL 34105 US</b>			Mailing Address <b>#1 FOREST LAKES BLVD. NAPLES FL 34105 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2199546</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRAWFORD, RICHARD 1516 FOREST LAKES BLVD. NAPLES FL 34105</b>				7. Name and Address of New Registered Agent Name <b>Richard Fisher</b> Street Address (P.O. Box Number is Not Acceptable) <b>831 Sailaway Ln Apt 202</b> City <b>Naples</b> FL Zip Code <b>34108</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>4/7/4</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WELLS, JOYCE 300 FOREST LAKES BLVD #112 NAPLES FL 34105</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Benner, George J. 1055 Forest Lakes Dr Naples, FL 34105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FISHER, RICHARD A 831 SAILAWAY LN APT 202 NAPLES FL 34108</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Cucina, Michael 1085 Forest Lakes Dr. Apt 304 Naples, FL 34105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LEE, RICHARD A 1085 FOREST LAKES DR NAPLES FL 34105</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Crawford, Richard 1516 Forest Lakes Blvd Naples, FL 34105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERGDOLL, HAROLD 1116 FOREST LAKES BLVD. NAPLES FL 34105</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Lee, Richard 1085 Forest Lakes Dr Naples, FL 34105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENNER, GEORGE J 1055 FOREST LAKES DR NAPLES FL 34105</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Wells, Joyce 300 Forest Lakes Blvd #112 Naples, FL 34105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CUCINA, MICHAEL 1085 FOREST LAKES DR. APT. 304 NAPLES FL 34105</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE <b>4/7/4</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					