

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765590

FILED
Aug 30, 2006
Secretary of State

Entity Name: QUAIL RUN GOLF CLUB, INC.

Current Principal Place of Business:

#1 FOREST LAKES BLVD.
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

#1 FOREST LAKES BLVD.
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-2199546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FISHER, RICHARD
831 SAILAWAY LN
APT 202
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BERGDOLL, HAROLD
Address: 1116 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL 34105 US

Title: T () Delete
Name: CUCINA, MICHAEL
Address: 813 REGENCY RESERVE CIR UNIT 4002
City-St-Zip: NAPLES, FL 34105 US

Title: D () Delete
Name: CRAWFORD, RICHARD
Address: 1516 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL 34105 US

Title: D () Delete
Name: LEE, RICHARD
Address: 1085 FOREST LAKES DR
City-St-Zip: NAPLES, FL 34105 US

Title: D () Delete
Name: WELLS, JOYCE
Address: 300 FOREST LAKES BLVD #112
City-St-Zip: NAPLES, FL 34105 US

Title: S () Delete
Name: GILBERTSEN, CARMELA
Address: 1024 FOREST LAKES DR
City-St-Zip: NAPLES, FL 34105 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CUCINA

T

08/30/2006

Electronic Signature of Signing Officer or Director

Date