

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765590

FILED
Mar 27, 2009
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 ()

Name and Address of Current Registered Agent:

STEVENS, WILLIAM PRESIDE
940 WOODSHIRE LANE
UNIT M-2
NAPLES, FL 34105 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: S () Delete
Name: EBERHARDT, EVELYN
Address: 5374 GUADELOUPE WAY
City-St-Zip: NAPLES, FL 34119 US

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

Title: T () Delete
Name: PAUL, THEADO
Address: 6592 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109 US

Title: D () Delete
Name: GREER, JAMES
Address: 6594 RIDGEWOOD DRIVE
City-St-Zip: NAPLES, FL 34108 US

Title: D () Delete
Name: ANTHONY, CUCCARO
Address: 888 WOODSHIRE LANE L-11
City-St-Zip: NAPLES, FL 34105 US

Title: VP () Delete
Name: DAVIES, DEREK R MR
Address: 5954 PELICAN BAY BLVD #233
City-St-Zip: NAPLES, FL 34105 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MCHALE, WARREN
Address: 7575 PELICAN BAY BLVD #507
City-St-Zip: NAPLES, FL 34108 US

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TAMMY SOWERS

OM

03/27/2009

Electronic Signature of Signing Officer or Director

Date