

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED AND FILED  
 05 APR 19 AM 9:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CORPORATION  
 ANNUAL REPORT  
 1995

FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northon  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **J25099** (9)  
 1. Corporation Name:  
**QUAIL WOODS ESTATES DEVELOPMENT CORP.**

Principal Place of Business Mailing Address  
**4000 IMMOKALEE ROAD NAPLES FL 33942** **4000 IMMOKALEE ROAD NAPLES FL 33942**

**200001461932**  
**-04/21/95--01017--003**  
**\*\*\*\*200.00 \*\*\*\*200.00**  
 DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/21/1986	04/13/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2733926	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
JOHNSON, HENRY PAUL 6736 LONE OAK BOULEVARD SUITE 204 NAPLES FL 33942				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JOHNSON, HENRY PAUL 6736 LONE OAK BOULEVARD SUITE 204 NAPLES FL 33942				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME	PTD GUTTENPLAN, ELLIOT	11.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 STREET ADDRESS	4000 IMMOKALEE ROAD NAPLES FL	11.2 STREET ADDRESS	
11.3 CITY	VDS	11.3 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.4 NAME	GOLD, STEVEN	11.4 NAME	
11.5 STREET ADDRESS	4000 IMMOKALEE ROAD NAPLES FL	11.5 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 CITY		11.6 CITY	
11.7 NAME		11.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.8 STREET ADDRESS		11.8 STREET ADDRESS	
11.9 CITY		11.9 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME		11.10 NAME	
11.11 STREET ADDRESS		11.11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.12 CITY		11.12 CITY	

4/19/95 M8

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby certify that the information indicated on this annual report or supplemental annual report is true and correct and that the same complies with the same legal requirements as indicated in Block 12 or Block 13 of this report, or on any filing submitted with an address.

SIGNATURE: *[Signature]* 4/7/95 *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR