

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90067 001 ****61.25

DOCUMENT # N03632

1. Entity Name
QUAIL CREEK VILLAGE FOUNDATION, INC.



Principal Place of Business
11875 QUAIL VILLAGE WAY
NAPLES, FL 34119 US

Mailing Address
11875 QUAIL VILLAGE WAY
NAPLES, FL 34119 US

50001046



2. Principal Place of Business - No P.O. Box #
11875 Quail Village Way
Suite, Apt. #, etc.

3. Mailing Address
11875 Quail Village Way
Suite, Apt. #, etc.

02292008 Chg-NP CR2E037 (12/06)

City & State
Naples FL

City & State
Naples FL

4. FEI Number
59-2779289

Applied For
Not Applicable

Zip
34119

Country
USA

Zip
34119

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMOUCE, ROBERT C
5405 PARK CENTRAL COURT
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYERS, ROBERT	
STREET ADDRESS	11744 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WRIGHT, FRANKLIN	
STREET ADDRESS	11600 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEBOER, JOHN	
STREET ADDRESS	11626 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SIDDLE, PAUL	
STREET ADDRESS	11666 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, PAUL	
STREET ADDRESS	11456 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOPEWOOD, BARBARA	
STREET ADDRESS	11708 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES, FL 34119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meyer, David	
STREET ADDRESS	11590 Quail Village Way	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Accorsini, Francis (Chp)	
STREET ADDRESS	10395 Quail Crown Dr.	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berry, Barbara	
STREET ADDRESS	11640 Quail Village Way	
CITY-ST-ZIP	Naples, FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Barbara L. Hopewood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08
Date

Daytime Phone #