2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N03632

Entity Name: QUAIL CREEK VILLAGE FOUNDATION, INC.

Current Principal Place of Business:

11655 QUAIL VILLAGE WAY
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

11655 QUAIL VILLAGE WAY
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 59-2779289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMOUCE, ROBERT C
5405 PARK CENTRAL COURT
NAPLES, FL 34109 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:	D	( ) Delete
Name:	MYER, DAVID	
Address:	11590 QUAIL VILLAGE WAY	
City-St-Zip:	NAPLES, FL 34119	
Title:	TD	( ) Delete
Name:	WRIGHT, FRANKLIN	
Address:	11600 QUAIL VILLAGE WAY	
City-St-Zip:	NAPLES, FL 34119	
Title:	D	( ) Delete
Name:	BERRY, BARBARA	
Address:	11690 QUAIL VILLAGE WAY	
City-St-Zip:	NAPLES, FL 34119	
Title:	D	( ) Delete
Name:	ACCORSINI, FRANCIS	
Address:	10395 QUAIL CROWN DR.	
City-St-Zip:	NAPLES, FL 34119	
Title:	D	( ) Delete
Name:	HAWKINS, PAUL	
Address:	11456 QUAIL VILLAGE WAY	
City-St-Zip:	NAPLES, FL 34119	
Title:	PD	( ) Delete
Name:	HOPEWOOD, BARBARA	
Address:	11708 QUAIL VILLAGE WAY	
City-St-Zip:	NAPLES, FL 34119	

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
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SULLIVAN, JANE	
Address:	11492 QUAIL VILLAGE WAY	
City-St-Zip:	NAPLES, FL 34119	
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: ALAN RAULERSON O 02/24/2009

Electronic Signature of Signing Officer or Director — Date