

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2005 08:00 AM  
Secretary of State

DOCUMENT # N08503

1. Entity Name  
THE VILLAS AT QUAIL RUN ASSOCIATION, INC.



Principal Place of Business  
50 BROAD AVE., S.  
P.O. BOX 8599  
NAPLES, FL 33941

Mailing Address  
745 12TH AVE SO  
SUITE AA  
NAPLES, FL 34102 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2547457

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE PROPERTY MANAGEMENT  
745 12TH AVENUE SO.  
STE AA  
NAPLES, FL 33940

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 restate)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME SMITH, JAMES  
STREET ADDRESS 106 QUAIL FOREST BLVD  
CITY-ST-ZIP NAPLES, FL 34105 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME SCHRAMMA, HILDEGARD  
STREET ADDRESS 108 QUAIL FORREST BLVD.  
CITY-ST-ZIP NAPLES, FL 34105 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
1107000332684  
04/26/05-80067-010 61.25

TITLE SD  
NAME SUTTON, BETTY  
STREET ADDRESS 126 QUAIL FOREST BLVD  
CITY-ST-ZIP NAPLES, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME LILLIS, DENNIS  
STREET ADDRESS 124 QUAIL FORREST BLVD.  
CITY-ST-ZIP NAPLES, FL 34105 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/05-659-1653

SIGN