

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08503

FILED
Apr 27, 2007
Secretary of State

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

Current Principal Place of Business:

50 BROAD AVE.,S.
P.O.BOX 8599
NAPLES, FL 33941

New Principal Place of Business:

745 12TH AVE S. AA
NAPLES, FL 34102

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2547457 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT
745 12TH AVENUE SO.
STE AA
NAPLES, FL 33940 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: SMITH, JAMES
Address: 106 QUAIL FOREST BLVD
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: SCHRAMMA, HILDEGARD
Address: 108 QUAIL FORREST BLVD.
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: SUTTON, BETTY
Address: 126 QUAIL FOREST BLVD
City-St-Zip: NAPLES, FL

Title: PD () Delete
Name: LILLIS, DENNIS
Address: 124 QUAIL FORREST BLVD.
City-St-Zip: NAPLES, FL 34105

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:

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: DENNIS LILLIS

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date