

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N09939** (2)
1. Corporation Name

QUAIL ROOST RECREATION ASSOCIATION, INC.



Principal Place of Business: 2500 AIRPORT ROAD SO SUITE 105 NAPLES FL 33962 US
Mailing Address: P O BOX 1343 NAPLES FL 33939 US

3. Date Incorporated or Qualified: 06/25/1985
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for address details.

4. FEI Number: 65-0087851
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: STONE, WILLIAM B 2500 AIRPORT ROAD SOUTH NAPLES FL 33962

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | STONE, WILLIAM B |
| STREET ADDRESS | 2500 AIRPORT RD SO. |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | MOORMAN, MARDI S. |
| STREET ADDRESS | 1205 WHIPPOORWILL LN. |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | CASSIDY, JAMES R |
| STREET ADDRESS | 5314 BROWARD ST |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MARGESON, MARIA |
| STREET ADDRESS | 20 GROSBEAK LANE |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | BENFIELD, JOHN |
| STREET ADDRESS | 264 WOODPECKER ROAD |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Joseph Harper |
| 1.3 STREET ADDRESS | 204 Grosbeak Lane |
| 1.4 CITY-ST-ZIP | Naples, FL 33961 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William B Stone William B Stone 1/17/96 (94) 774-5572

CR2E037 (12/95)