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Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 34106-1343
US

3. Date Incorporated or Qualified 06/25/1985
3a. Date of Last Report 01/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0087851	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 34112 25	29 30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, WILLIAM B
2500 AIRPORT ROAD SOUTH
NAPLES FL 33962

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	PD	STONE, WILLIAM B	2500 AIRPORT RD SO. NAPLES FL																								
	SD	MOORMAN, MARDI S.	1205 WHIPPOORWILL LN. NAPLES FL																								
	TD	CASSIDY, JAMES R	5314 BROWARD ST NAPLES FL																								
	D	MARGESON, MARIA	20 GROSBEAK LANE NAPLES FL																								
	D	HARPER, JOSEPH	204 GROSBEAK LANE NAPLES FL																								

14. I do 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 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, Pres. William B. Stone 1/6/96 941-774-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058558

CF2E037 (9/96)