

FILE NOW: FILING FEE IS \$61.25

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**Apr 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
2500 AIRPORT ROAD SO SUITE 105 NAPLES FL 34112 US **P O BOX 1343 NAPLES FL 33939 US**

3. Date Incorporated or Qualified
06/25/1985

4. FEI Number **65-0087851** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **P.O. Box 10579** 26 **P.O. Box 10579**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 **Naples, Florida**
Naples, Florida 28 **Naples, Florida**
24 Zip **34101** 25 Country **US** 29 Zip **34101** 30 Country **US**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**STONE, WILLIAM B
2500 AIRPORT ROAD SOUTH
NAPLES FL 33982**

10. Name and Address of New Registered Agent
81 Name **Stephen P. Hall**
82 Street Address (P.O. Box Number is Not Acceptable) **4985 East Tamiami Trail**
83
84 City **Naples** FL 85 Zip Code **34113**

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 *[Signature]* DATE **4/6/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, WILLIAM B	1.2 NAME	Betty Christensen
STREET ADDRESS	2500 AIRPORT RD SO.	1.3 STREET ADDRESS	23 Grosbeak Lane
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL. 34114
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORMAN, MARDI S.	2.2 NAME	Joanna McNally
STREET ADDRESS	1205 WHIPPOORWILL LN.	2.3 STREET ADDRESS	79 Grouse Lane
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL. 34114
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, JAMES R	3.2 NAME	
STREET ADDRESS	5314 BROWARD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGESON, MARIA	4.2 NAME	Margeson, Maria
STREET ADDRESS	20 GROSBEAK LANE	4.3 STREET ADDRESS	20 Grosbeak Lane
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL 34114
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, JOSEPH	5.2 NAME	Harper, Joseph
STREET ADDRESS	204 GROSBEAK LANE	5.3 STREET ADDRESS	204 Grosbeak Lane
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL 34114
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, as an attachment with an address.

SIGNATURE: *[Signature]* DATE **4-8-98** # **775-9664**

CR2E037 (10/97)