


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90017 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N09939 1. Corporation Name QUAIL ROOST RECREATION ASSOCIATION, INC.		
Principal Place of Business PO BOX 10579 NAPLES FL 34101 US	Mailing Address PO BOX 10579 NAPLES FL 34101 US	



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/25/1985
22	City & State	27	City & State	4	4. FEI Number
					65-0087851
23	Zip	28	Zip	5	5. Certificate of Status Desired
	Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required
24		29		6	6. Election Campaign Financing
		30			<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HART HART, STEPHEN P 4985 EAST TRAMIAMI TRAIL NAPLES FL 34113				10. Name and Address of New Registered Agent				
				81	Name		Hart, Stephen P	
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0902 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: 3/22/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	<input type="checkbox"/> DELETE	1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, BETY		1.2 NAME		
STREET ADDRESS	23 GROSBEAK LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34114		1.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNALLY, JOANNE		2.2 NAME	Ralph Salerno	
STREET ADDRESS	59 GROUSE LANE		2.3 STREET ADDRESS	38 Grosbeak Lane	
CITY-ST-ZIP	NAPLES FL 34114		2.4 CITY-ST-ZIP	Naples FL 34114	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSIDY, JAMES R		3.2 NAME	Earle Robinson	
STREET ADDRESS	5314 BROWARD ST		3.3 STREET ADDRESS	236 Locust Glen Dr.	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Cranston RI 02921	
TITLE	VPD	<input type="checkbox"/> DELETE	4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGESON, MARIA		4.2 NAME		
STREET ADDRESS	20 GROSBEAK LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34114		4.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, JOSEPH		5.2 NAME		
STREET ADDRESS	204 GROSBEAK LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34114		5.4 CITY-ST-ZIP		
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** DATE: 3-24-99 DAYTIME PHONE #: 941-725-9664

REC-2002 CR2E037 (11/98)