

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90081 034 ****61.25

DOCUMENT # N09939

1. Entity Name

QUAIL ROOST RECREATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 10579
 NAPLES FL 34101
 US

PO BOX 10579
 NAPLES FL 34101-0579
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0087851

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, STEPHEN P
4985 EAST TRAMIAMI TRAIL
NAPLES FL 34113

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VPD	CHRISTENSEN, BETY	23 GROSBEAK LANE	NAPLES FL 34114	<input type="checkbox"/>
SD	SALERNO, RALPH	38 GROSBEAK LANE	NAPLES FL 34114	<input checked="" type="checkbox"/>
D	ROBINSON, EARLE	236 LOCOST GLEN DR	CRANSTON RI 02921	<input checked="" type="checkbox"/>
PD	MARGESON, MARIA	20 GROSBEAK LANE	NAPLES FL 34114	<input checked="" type="checkbox"/>
TD	HARPER, JOSEPH	204 GROSBEAK LANE	NAPLES FL 34114	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	Tolman, Dale	1 Grosbeak Lane	Naples, FL 34114	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	Batts, Margaret M.	274 Grosbeak Lane	Naples, FL 34114	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	Margeson, Jack	224 Grosbeak Lane	Naples, FL 34114	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Glasser, Gerald	7344 Ootogo Lake Dr.	Gaylord, MI 49735	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Margeson* **REQUIRED** *Jack Margeson* 4-13-00 941-775-9294

CR2E037 (9/99)