

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09939

FILED
Apr 15, 2005
Secretary of State

Entity Name: QUAIL ROOST RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

GROSBEAK & COVEY LANE
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10579
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0087851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
4985 EAST TRAMIAMI TRAIL
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CHRISTENSEN, BETTY
Address: 23 GROSBEAK LANE
City-St-Zip: NAPLES, FL 34114

Title: DP () Delete
Name: GAGLIANO, JOAN
Address: 56 GROSBEAK LANE
City-St-Zip: NAPLES, FL 34113

Title: VSD () Delete
Name: MUINA, LOURDES
Address: GROSBEAK LANE
City-St-Zip: NAPLES, FL 34113

Title: SD () Delete
Name: GARITA, SERGIO
Address: 12 GROSBEAK LANE
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: THROPE, STEPHEN
Address: 15 GROSBEAK LANE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LYNCH, MICHAEL
Address: 277 GROSBEAK LN
City-St-Zip: NAPLES, FL 34114

Title: D (X) Change () Addition
Name: WIDMYER, JAMES
Address: 617 PARK DRIVE
City-St-Zip: BALSAM LAKE, WI 54810

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN GAGLIANO

PD

04/15/2005

Electronic Signature of Signing Officer or Director

Date