

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09939

FILED  
Apr 18, 2007  
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:**

COLLIER FINANCIAL, INC.  
4985 TAMiami TRAIL E.  
NAPLES, FL 34113 US

**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: PD ( ) Delete  
Name: GAGLIANO, JOANN  
Address: 56 GROSBEAK LANE  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: BURRELL, BILL W  
Address: P.O. BOX 1365  
City-St-Zip: PROVINCETOWN, MA 02657

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: GLASSER, GERALD  
Address: 7344 OSTEGO LAKE DR  
City-St-Zip: GAYLORD, MI 49735

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

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

Title: SD (X) Change ( ) Addition  
Name: RALSTON, CAROL  
Address: 235 EAGLE DR  
City-St-Zip: NAPLES, FL 34114

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date