

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90232 045 \*\*\*\*61.25



**DOCUMENT # N09939**

1. Entity Name  
**QUAIL ROOST RECREATION ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
PO BOX 10579 PO BOX 10579  
NAPLES FL 34101 NAPLES FL 34101  
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHRISTENSEN, BETY</b> <b>23 GROSBEAK LANE</b> <b>NAPLES FL 34114</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>GOGHANO, SOAN</b> <b>56 GROSBEAK LANE</b> <b>NAPLES FL 34113</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS</b> <b>BIRD, REBECCA</b> <b>27 GROSBEAK LANE</b> <b>NAPLES FL 34113</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>MARGESON, JACK</b> <b>224 GROSBEAK LANE</b> <b>NAPLES FL 34114</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GLASSER, GERALD</b> <b>7344 OSTEGO LAKE DR</b> <b>GAYLORD MI 49735</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>Thorpe, Stephen</b> <b>15 Corey Lane</b> <b>Naples, FL 34114</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Gagliano, Joan</b> <b>56 Grosbeak lane</b> <b>Naples, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>Garita, Sergio</b> <b>12 Corey Lane</b> <b>Naples, FL 34114</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Christensen, Betty</b> <b>23 Grosbeak lane</b> <b>Naples, FL 34114</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Bird, Rebecca</b> <b>27 Grosbeak lane</b> <b>Naples, FL 34113</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: **02-15-03** DAYTIME PHONE #: **419-9950**

CR2E037 (10/02)