


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N15420 (5) 1. Corporation Name VILLAS AT QUAIL CREEK ASSOCIATION, INC.					
Principal Place of Business 1044 CASTELLO DR 206 NAPLES FL 33999 US			Mailing Address 1044 CASTELLO DR 206 NAPLES FL 34103-1800 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/20/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 04/02/1996	
City & State 23		City & State 28		4. FEI Number 59-2785128	
Zip 24		Country 25		Applied For Not Applicable	
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
SOUTHWEST PROPERTY MGMT CORP 1044 CASTELLO DR 206 NAPLES FL 33999		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP P/D SMITH, DISSELL 14010 QUAIL VILLAGE WAY NAPLES FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP P/D Williams, Jr., Bobby 11790 Quail Village Way Naples, FL		
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP VTD WILLIAMS, BOBBY J- 14700 QUAIL VILLAGE WAY NAPLES FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP V/T/D McClain, Kenneth 11800 Quail Village Way Naples, FL		
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP SD- CURTIS, EVERETT 14806 QUAIL VILLAGE WAY NAPLES FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP S/D Bowles, Gary 11784 Quail Village Way Naples, FL		
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE		
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE		
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP DELETE		

14. I do 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.

SIGNATURE:

SIG. [Signature] 4/15/97 6415 21-3440

CR2E037 (9/96)