

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90463 012 \*\*\*\*61.25

**50015808**



<b>DOCUMENT # N22839</b> 1. Entity Name <b>QUAIL WOODS ESTATES HOMEOWNERS ASSOCIATION, INC.</b>																																																																												
Principal Place of Business <b>C/O KMA COMPANY P.O. BOX 111802 NAPLES, FL 34108</b>			Mailing Address <b>C/O KMA COMPANY P.O. BOX 111802 NAPLES, FL 34108</b>																																																																									
2. Principal Place of Business			3. Mailing Address																																																																									
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																									
City & State			City & State																																																																									
Zip		Country	Zip		Country																																																																							
6. Name and Address of Current Registered Agent  <b>SOLOMON, HERB 9844 LUNA CIRCLE, #D103 NAPLES, FL 34109</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																												
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>DST BERSHAD, HY</b></td> <td><b>9160 THE LANE</b></td> <td><b>NAPLES, FL 34109</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td><b>DVR WALLACE, JAMES</b></td> <td><b>9126 THE LANE</b></td> <td><b>NAPLES, FL 34109</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td><b>DP MILLER, ROBERT</b></td> <td><b>9090 THE LANE</b></td> <td><b>NAPLES, FL 34109</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td><b>DVP JOEL HAZELBAKER</b></td> <td><b>9189 THE LANE</b></td> <td><b>NAPLES, FL 34109</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td><b>ST DEBRA PELTERA</b></td> <td><b>9165 THE LANE</b></td> <td><b>NAPLES, FL 34109</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		<b>DST BERSHAD, HY</b>	<b>9160 THE LANE</b>	<b>NAPLES, FL 34109</b>	<input checked="" type="checkbox"/>		<b>DVR WALLACE, JAMES</b>	<b>9126 THE LANE</b>	<b>NAPLES, FL 34109</b>	<input checked="" type="checkbox"/>		<b>DP MILLER, ROBERT</b>	<b>9090 THE LANE</b>	<b>NAPLES, FL 34109</b>	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		<b>DVP JOEL HAZELBAKER</b>	<b>9189 THE LANE</b>	<b>NAPLES, FL 34109</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<b>ST DEBRA PELTERA</b>	<b>9165 THE LANE</b>	<b>NAPLES, FL 34109</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.																																																																												
<b>SIGNATURE:</b> _____ <span style="float: right;">3/19/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																												