

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22839

FILED
Mar 19, 2009
Secretary of State

Entity Name: QUAIL WOODS ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O KMA COMPANY
P.O. BOX 111802
NAPLES, FL 34108

New Principal Place of Business:

C. ALLEN PROPERTIES
3050 N. HORSESHOE DR #172
NAPLES, FL 34104

Current Mailing Address:

C/O KMA COMPANY
P.O. BOX 111802
NAPLES, FL 34108

New Mailing Address:

C. ALLEN PROPERTIES
3050 N. HORSESHOE DR #172
NAPLES, FL 34104

FEI Number: 65-0028715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R AND A AGENTS, INC
ATTN: ASHLEY D LUPO ESQ.
850 PARKSHORE DRIVE THIRD FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

BUELTEL, STEVE
9199 THE LANE
NAPLES, FL 34109 US

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: STEVE BUELTEL

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUELTEL, STEVE
Address: 9199 THE LANE
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: PELITERA, DEBRA
Address: 9165 THE LANE
City-St-Zip: NAPLES, FL 34109

Title: STD () Delete
Name: HAZELBAKER, ELIZABETH
Address: 9189 THE LANE
City-St-Zip: NAPLES, FL 34109

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:

I hereby certify that the information supplied with this filing does not qualify 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: STEVE BUELTEL

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date