

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23633

FILED
Jan 29, 2008
Secretary of State

Entity Name: QUAIL HOLLOW PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6000 HOLLOW DR
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

6046 HOLLOW DR.
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 59-2970577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN SLYKE, SHARON I
6046 HOLLOW DR
NAPLES, FL 34112 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: D () Delete
Name: WILSON, SCOTT
Address: 4043 SAWGRASS LN
City-St-Zip: NAPLES, FL 34112

Title: PD () Delete
Name: LIPPE, DEBRA
Address: 6065 HOLLOW DR.
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: VANSLYKE, SHARON
Address: 6048 HOLLOW DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: RUSSELL, SUMMER
Address: 4041 SAWGRASS
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change () Addition
Name: VANSLYKE, SHARON
Address: 6046 HOLLOW DR
City-St-Zip: NAPLES, FL 34112

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: SHARON I. VANSLYKE

TD

01/29/2008

Electronic Signature of Signing Officer or Director

Date