

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 24, 2010
Secretary of State

DOCUMENT# N23633

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:**PO BOX 992
NAPLES, FL 34106 US**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 HOLOW DR
NAPLES, FL 34112 US**Name and Address of New Registered Agent:**RICHARDSON, MICHAEL D
6027 HOLOW DR
NAPLES, FL 34112 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: MICHAEL RICHARDSON

11/24/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, T
Name: RICHARDSON, MICHAEL D
Address: 6027 HOLLOW DR
City-St-Zip: NAPLES, FL 34112

Title: VP
Name: MAHONEY, MARK
Address: 4030 MOSS LANE
City-St-Zip: NAPLES, FL 34112

Title: S
Name: DERENZO, CATHY
Address: 6042 HOLLOW DR
City-St-Zip: NAPLES, FL 34112

Title: D
Name: SEGURA, ANGEL
Address: 6067 HOLLOW DR
City-St-Zip: NAPLES, FL 34112

Title: D
Name: TRONNIER, HEATHER
Address: 6057 HOLLOW DR
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL RICHARDSON

P

11/24/2010

Electronic Signature of Signing Officer or Director

Date