

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24462

FILED
Feb 24, 2009
Secretary of State

Entity Name: QUAIL'S NEST RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

11605 QUAIL VILLAGE WAY
NAPLES, FL 34119 US

New Principal Place of Business:

11655 QUAIL VILLAGE WAY
NAPLES, FL 34119 US

Current Mailing Address:

11875 QUAIL VILLAGE WAY
NAPLES, FL 34119 US

New Mailing Address:

11655 QUAIL VILLAGE WAY
NAPLES, FL 34119 US

FEI Number: 65-0112199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAULERSON, ALAN
11875 QUAIL VILLAGE WAY
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

RAULERSON, ALAN
11655 QUAIL VILLAGE WAY
NAPLES, FL 34119 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: ALAN RAULERSON

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZUGNICH, LARRY
Address: 10357 QUAIL CROWN DR.
City-St-Zip: NAPLES, FL 34119

Title: DP () Delete
Name: FELDMAN, GEORGE
Address: 10378 QUAIL CROWN DR
City-St-Zip: NAPLES, FL

Title: DT () Delete
Name: PSARIS, MICHAEL
Address: 10342 QUAIL CROWN DR
City-St-Zip: NAPLES, FL

Title: DS () Delete
Name: PLIML, FRANK
Address: 10371 QUAIL CROWN DR
City-St-Zip: NAPLES, FL 34119

Title: DV () Delete
Name: NELSON, JOHN
Address: 10345 QUAIL CROWN DR
City-St-Zip: NAPLES, FL 34119

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:

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: ALAN RAULERSON

RA

02/24/2009

Electronic Signature of Signing Officer or Director

Date