

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24462

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

11655 QUAIL VILLAGE WAY  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

11655 QUAIL VILLAGE WAY  
NAPLES, FL 34119 US

**New Mailing Address:**

**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  
11655 QUAIL VILLAGE WAY  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

RAULERSON, EDWARD A  
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: EDWARD ALAN RAULERSON

02/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: ZUGNICH, LARRY  
Address: 10357 QUAIL CROWN DR.  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: KOHER, DAVID  
Address: 10377 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL

Title: DP  
Name: PIETRASZEK, HENRY  
Address: 10373 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL

Title: DS  
Name: HEALY, MICHELLE  
Address: 10376 QUAIL CROWN DR  
City-St-Zip: NAPLES, FL 34119

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

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: MARIE HUEY

CONT

02/19/2010

Electronic Signature of Signing Officer or Director

Date