

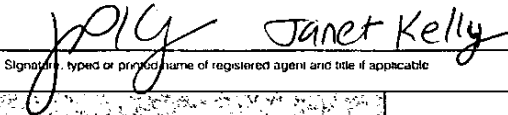



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90024 002 ****70.00

DOCUMENT # N35979 1. Entity Name QUAIL PLAZA PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 801 ANCHOR RODE DR STE 106 NAPLES FL 34103 US		Mailing Address 801 ANCHOR RODE DR STE 106 NAPLES FL 34103 US			
2. Principal Place of Business 2390 TAMiami TRAIL N. #206 NAPLES, FL 34103		3. Mailing Address 2390 TAMiami TRAIL N. #206 NAPLES, FL 34103			
City & State NAPLES, FL 34103		City & State NAPLES, FL 34103		4. FEI Number 65-0186094	
Zip 34103		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, JANET 801 ANCHOR RODE DR STE 106 NAPLES FL 34103				7. Name and Address of New Registered Agent Name Kelly, Janet Street Address (P.O. Box Number is Not Acceptable) 2390 TAMiami TRAIL N. #206 City NAPLES, FL 34103 FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Janet Kelly <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 2/27/06 <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD NAME HARDY, ROBERT P. STREET ADDRESS 5259 STRAND CRT STE 101 CITY-ST-ZIP NAPLES FL 34110	<input type="checkbox"/> Delete		TITLE VD NAME Hardy, Robert Paul STREET ADDRESS 5659 strand court, suite 101 CITY-ST-ZIP NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TS NAME JANET, KELLY STREET ADDRESS 801 ANCHOR RODE DR STE 106 CITY-ST-ZIP NAPLES FL 34110	<input type="checkbox"/> Delete		TITLE TS NAME Kelly, Janet STREET ADDRESS 2390 TAMiami TRAIL NORTH #206 CITY-ST-ZIP NAPLES FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME HARDY, ROBERT S STREET ADDRESS 5659 STRAND CRT #101 CITY-ST-ZIP NAPLES FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Janet Kelly Treasurer** **2/27/06 (239) 434 9895**