

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N35979

1. Entity Name

QUAIL PLAZA PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2390 TAMiami TR NORTH
SUITE 206
NAPLES FL 34103
US

2390 TAMiami TR NORTH
SUITE 206
NAPLES FL 34103
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0186094

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, JANET
2390 TAMiami TR NORTH
SUITE 206
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME: VD
STREET ADDRESS: HARDY, ROBERT P.
CITY-ST-ZIP: 5659 STARND CT SUITE 101
NAPLES FL 34110 ☐ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP: 000000647273
03/06/07-80065-014 158.75

TITLE
NAME: TS
STREET ADDRESS: JANET, KELLY
CITY-ST-ZIP: 2390 TAMiami TR NORTH SUTE 206
NAPLES FL 34103 ☐ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE
NAME: PD
STREET ADDRESS: HARDY, ROBERT S
CITY-ST-ZIP: 5659 STRAND CRT #101
NAPLES FL 34110 ☐ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-ST-ZIP:

TITLE
NAME: ☐ Change ☐ Addition
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CITY-ST-ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

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 01/27/07 (239) 434-9895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #