

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37592

FILED
Mar 26, 2009
Secretary of State

Entity Name: QUAIL CROSSING PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9844 LUNA CIR
D 103
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 111802
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0215180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERB SOLOMAN-KMA COMPANY
9844 LUNA CIR
D103
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AST () Delete
Name: SOLOMON, HERB
Address: P.O. BOX 111802
City-St-Zip: NAPLES, FL 34108

Title: PDT () Delete
Name: LANG, IRENE
Address: 468 IBIS WAY
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: CIANFAGLIONE, LISA
Address: 456 RAVEN WAY
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: DICUPERO, ED
Address: 400 RAVEN WAY
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: LANG, DOUG
Address: 468 IBIS WAY
City-St-Zip: NAPLES, FL 34110

Title: D (X) Delete
Name: TAYLOR, TODD
Address: 408 RAVEN
City-St-Zip: NAPLES, FL 34110

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:

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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: HERB SOLOMON

AST

03/26/2009

Electronic Signature of Signing Officer or Director

Date