

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N44113 (1)**

1. Corporation Name
QUAIL WEST FOUNDATION, INC.

Principal Place of Business Mailing Address
5950 BURNHAM RD. **5950 BURNHAM RD.**
~~SURE-110~~ ~~SURE-110~~
NAPLES FL 33999 **NAPLES FL 33999**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/28/1991** 3a. Date of Last Report **07/14/1994**
4. FEI Number **65-0302020** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **5950 BURNHAM ROAD** 25 **5950 BURNHAM ROAD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **NAPLES, FL** 28 **NAPLES, FL**
24 Zip 29 Zip 30 Country
33999 **COLLIER** **33999** **COLLIER**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
S. JOHN CONTI 81 Name
5950 BURNHAM ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **5950 BURNHAM ROAD**
~~BARNETT CENTER, SUITE #300~~ 83
NAPLES FL 33999 84 City **NAPLES** FL 85 Zip Code **33999**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **S. JOHN CONTI** *S. John Conti* DATE **3/1/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEES, MARSHALL	1.2 NAME	S. JOHN CONTI
STREET ADDRESS	33 W. MONROE ST. #2610	1.3 STREET ADDRESS	5950 BURNHAM ROAD
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	NAPLES, FL 33999
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, DOUGLAS	2.2 NAME	
STREET ADDRESS	33 W. MONROE ST. #2610	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, ROBERT S.	3.2 NAME	
STREET ADDRESS	6289 BURNHAM RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	PT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSE, SANDRA	4.2 NAME	
STREET ADDRESS	6289 BURNHAM RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITO, GARY J.	5.2 NAME	
STREET ADDRESS	6289 BURNHAM RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	S CHAPMAN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPMAN; LINDA J.	6.2 NAME	
STREET ADDRESS	6280 BURNHAM ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **S. JOHN CONTI** *S. John Conti* DATE **3/1/95** **813-592-1191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Phone #)