

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N44113** (1)

1. Corporation Name
QUAIL WEST FOUNDATION, INC.



Principal Place of Business: **5950 BURNHAM RD. NAPLES FL 33999 US**
Mailing Address: **5950 BURNHAM RD. NAPLES FL 33999 US**

3. Date Incorporated or Qualified: **06/28/1991**
3a. Date of Last Report: **03/09/1995**
4. FEI Number: **65-0302020**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **S. JOHN CONTI, 5950 BURNHAM ROAD, NAPLES FL 33999**
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *S. John Conti* **S. JOHN CONTI** **3/21/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: LEES, MARSHALL	1.1 TITLE:	
STREET ADDRESS: 33 W. MONROE ST. #2610	CITY-ST-ZIP: CHICAGO IL	1.2 NAME:	
TITLE: D	NAME: KRAMER, DOUGLAS	1.3 STREET ADDRESS:	
STREET ADDRESS: 33 W. MONROE ST. #2610	CITY-ST-ZIP: CHICAGO IL	1.4 CITY-ST-ZIP:	
TITLE: D	NAME: HARDY, ROBERT S.	2.1 TITLE:	
STREET ADDRESS: 6289 BURNHAM RD.	CITY-ST-ZIP: NAPLES FL	2.2 NAME:	
TITLE: PT	NAME: HESSE, SANDRA	2.3 STREET ADDRESS:	
STREET ADDRESS: 6289 BURNHAM RD.	CITY-ST-ZIP: NAPLES FL	2.4 CITY-ST-ZIP:	
TITLE: V	NAME: RITO, GARY J.	3.1 TITLE:	
STREET ADDRESS: 6289 BURNHAM RD.	CITY-ST-ZIP: NAPLES FL	3.2 NAME:	
TITLE: S	NAME: CHAPMAN, LINDA J.	3.3 STREET ADDRESS:	
STREET ADDRESS: 6289 BURNHAM ROAD	CITY-ST-ZIP: NAPLES FL	3.4 CITY-ST-ZIP:	
		4.1 TITLE:	PRESIDENT
		4.2 NAME:	HESSE, SANDRA
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
		5.1 TITLE:	TREASURER
		5.2 NAME:	CONTI, S. JOHN
		5.3 STREET ADDRESS:	5950 BURNHAM RD
		5.4 CITY-ST-ZIP:	NAPLES, FL 33999
		6.1 TITLE:	
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		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 119.07(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 617, 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** **3/21/96** **941-592-1191**

CR2E037 (12/95)