

FILE NOW: FILING FEE IS \$61.25

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**Apr 14, 1999 8:00 am**  
**Secretary of State**

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04-14-1999 90138 007 \*\*\*\*61.25

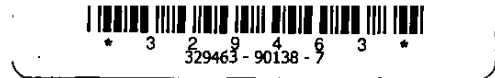
**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N44113**

1. Corporation Name  
**QUAIL WEST FOUNDATION, INC.**



Principal Place of Business: 5950 BURNHAM RD. NAPLES FL 34119 US  
 Mailing Address: 5950 BURNHAM RD. NAPLES FL 34119 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/28/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0302020	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
S. JOHN CONTI 5950 BURNHAM ROAD NAPLES FL 34119				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEES, MARSHALL	1.2 NAME	TERRI BAINBRIDGE
STREET ADDRESS	33 W. MONROE ST. #2610	1.3 STREET ADDRESS	5950 BURNHAM RD
CITY-ST-ZIP	CHICAGO IL 60603	1.4 CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D <input type="checkbox"/> DELETE	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 60603	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 34119	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	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 34119	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTI, S JOHN	5.2 NAME	
STREET ADDRESS	5950 BURNHAM RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, LINDA J.	6.2 NAME	
STREET ADDRESS	6289 BURNHAM ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: S. JOHN CONTI 4/5/99 941-592-1191  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)