


**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2007 OCT -8 AM 9: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44113					
1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0302020	Applied For Not Applicable
6. Name and Address of Current Registered Agent FISHER, JAMES D VP 5950 BURNHAM ROAD NAPLES, FL 34119				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name <u>Charles P. DeMartin</u> Street Address (P.O. Box Number is Not Acceptable) <u>31 Lupi Court Suite 130</u> City <u>Palm Coast</u> FL Zip Code <u>32137</u>				09252007 Chg-NP CR2E037 (12/06)	
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 <u>Charles P. DeMartin</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>9/26/07</u> <small>DATE</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GINN, III, EDWARD R		NAME		
STREET ADDRESS	1 HAMMOCK BEACH PARKWAY		STREET ADDRESS	200110672852	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	10/11/07--01019--006 **\$1.25	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASTERS, II, ROBERT F		NAME		
STREET ADDRESS	1 HAMMOCK BEACH PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	D/P	<input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGLER, MATTHEW		NAME	Hagler, Matthew	
STREET ADDRESS	1 HAMMOCK BEACH PARKWAY		STREET ADDRESS	1 Hammock Beach Parkway	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FISHER, JAMES D		NAME	Wade W. Smith	
STREET ADDRESS	5950 BURNHAM RD		STREET ADDRESS	24870 Burnt Pine Drive	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LENTZ, CELIA A		NAME	Steven Gurdan	
STREET ADDRESS	5950 BURNHAM RD		STREET ADDRESS	24870 Burnt Pine Drive	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISS, PAM		NAME		
STREET ADDRESS	5950 BURNHAM RD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Robert Martin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>9/28/07</u> (386) 246 5780 <small>DATE</small>	

10/10
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