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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:31

DOCUMENT # **N48369** **(5)**

1. Corporation Name

QUAIL CREEK VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11810 QUAIL VILLAGE WAY NAPLES FL 33999 US	11810 QUAIL VILLAGE WAY NAPLES FL 33999 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1992
3a. Date of Last Report: 04/18/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GERTNER, MARC
11654 QUAIL VILLAGE WAY
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	11 TITLE	D ☒ Change ☐ Addition
NAME	DICKERSON, BARBARA	12 NAME	
STREET ADDRESS	11730 QUAIL VILLAGE WAY	13 STREET ADDRESS	Marjorie Brown 11600 Quail Village Way
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, FL 33999
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, BISSELL	22 NAME	
STREET ADDRESS	11810 QUAIL VILLAGE WAY	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	DV ☒ Change ☐ Addition
NAME	MOSMAN, KENNETH	32 NAME	Tony Podoraski
STREET ADDRESS	10349 QUAIL CROWN DR.	33 STREET ADDRESS	11835 Quail Village Way
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Naples, FL 33999
TITLE	DV	41 TITLE	D ☐ Change ☒ Addition
NAME	OCHS, FRANCIS	42 NAME	Robert Carter
STREET ADDRESS	10347 QUAIL CROWN DR.	43 STREET ADDRESS	11101 Quail Village Way #103
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Naples, FL 33999
TITLE	DS	51 TITLE	DS ☒ Change ☐ Addition
NAME	ZIMMERMAN, HENRY	52 NAME	Frank Williams
STREET ADDRESS	11757 QUAIL VILLAGE WAY	53 STREET ADDRESS	11616 Quail Village Way
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	Naples, FL 33999
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Marc Gertner
STREET ADDRESS		63 STREET ADDRESS	11654 Quail Village Way
CITY-ST-ZIP		64 CITY-ST-ZIP	Naples, FL 33999

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)(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.

SIGNATURE: Bissell J. Smith BISSELL J. SMITH 4-8-95 (813)-591-2207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043100