

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90135 015 ***150.00



DOCUMENT # P01000112364

1. Entity Name

QUAIL COMMUNITIES REALTY, INC.

Principal Place of Business

4500 EXECUTIVE DRIVE
 QUALI PLAZA, STE. 201
 NAPLES FL 34119

Mailing Address

4500 EXECUTIVE DRIVE
 QUALI PLAZA, STE. 201
 NAPLES FL 34119

2. Principal Place of Business

4500 Executive Drive

Suite, Apt. #, etc.

Quail Plaza Suite 230

City & State

Naples, FL

Zip

34119

Country

US

3. Mailing Address

4500 Executive Drive

Suite, Apt. #, etc.

Quail Plaza Suite 230

City & State

Naples, FL

Zip

34119

Country

US.



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3758246

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAMERRO, JACQUELINE
 11496 QUAIL VILLAGE WAY
 NAPLES FL 34119

Quail

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
V	STAMERRO, JACQUELINE	11496 QUAIL VILLAGE WAY	NAPLES FL 34119	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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 607, 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:

Jacqueline Stamerro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05

Date

(239)566-9792

Daytime Phone #