

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126588

FILED
May 17, 2005
Secretary of State

Entity Name: MEADOWS AT QUAIL CREEK VILLAGE, CORP.

Current Principal Place of Business:

942 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34135

New Principal Place of Business:

942 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145

Current Mailing Address:

942 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34135

New Mailing Address:

942 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISEMAN, TAMELA
300 FIFTH AVENUE SOUTH
SUITE 221
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: BOFF, JOSEPH D
Address: 942 NORTH COLLIER BLVD.
City-St-Zip: MARCO ISLAND, FL 34145

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D. BOFF

PRES

05/17/2005

Electronic Signature of Signing Officer or Director

_____ Date