

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764171

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC1377350305**

**Entity Name:** QUAIL ROOST OF NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

100 ROOST ROAD  
CLUBHOUSE  
NAPLES, FL 34114

**Current Mailing Address:**

C/O PARKLINE MANAGEMENT LLC  
5644 TAVILLA CIR SUITE 205  
NAPLES, FL 34110 US

**FEI Number:** 59-2914027

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARKLINE MANAGEMENT, LLC  
5644 TAVILLA CIR  
SUITE 205  
NAPLES, FL 34110 US

*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

**Officer/Director Detail :**

Title TD  
Name GLASSER, GERALD  
Address 5644 TAVILLA COURT, STE 205  
City-State-Zip: NAPLES FL 34110

Title SD  
Name RALSTON, CAROL  
Address 5644 TAVILLA COURT, STE 205  
City-State-Zip: NAPLES FL 34110

Title D  
Name WIDMYER, JAMES  
Address 5644 TAVILLA COURT, STE 205  
City-State-Zip: NAPLES FL 34110

Title D  
Name BURRELL, BILL W  
Address 5644 TAVILLA COURT, STE 205  
City-State-Zip: NAPLES FL 34110

Title PD  
Name GAGLIANO, CHARLES  
Address 5644 TAVILLA COURT, STE 205  
City-State-Zip: NAPLES FL 34110

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES GAGLIANO

**PRESIDENT**

**03/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date