

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764171

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

**FILED**  
**Apr 18, 2023**  
**Secretary of State**  
**8030728831CC**

**Current Principal Place of Business:**

C/O ABILITY MANAGEMENT INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

C/O ABILITY MANAGEMENT INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US

**FEI Number: 59-2914027**

**Certificate of Status Desired: No**

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

ABILITY MANAGEMENT INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 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            PRESIDENT  
Name            BROWN, CAROLYN  
Address        6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            VP  
Name            BECKER, ROBERT  
Address        6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            SECRETARY, TREASURER  
Name            PAXSON, GAIL  
Address        6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            STEPHENS, GARY  
Address        6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

*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: CAROLYN BROWN**

**PRES**

**04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date