

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765590

**Entity Name:** QUAIL RUN GOLF CLUB, INC.**Current Principal Place of Business:**#1 FOREST LAKES BLVD.  
NAPLES, FL 34105**Current Mailing Address:**#1 FOREST LAKES BLVD.  
NAPLES, FL 34105 US**FEI Number:** 59-2199546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNES, WILLIAM  
2135 ARIELLE DR. #2407  
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:** WILLIAM BARNES

02/26/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BARNES, WILLIAM  
Address        2135 ARIELLE DR. #2407  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            CZERWINSKI, HENRY  
Address        420 WOODSHIRE LN C-7  
City-State-Zip: NAPLES FL 34105

Title            DIRECTOR  
Name            RAYMOND, O'KEEFE W.  
Address        760 BENTWATER CIRCLE  
                 APT 201  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            GARRETSON, MARY L  
Address        4126 BELAIR LANE  
                 C-5  
City-State-Zip: NAPLES FL 34103

Title            TREASURER  
Name            CUCINA, MICHAEL  
Address        813 REGENCY RESERVE CIRCLE  
                 UNIT 4002  
City-State-Zip: NAPLES FL 34119

Title            SECRETARY  
Name            KELLY, DENNIS B  
Address        11030 GULFSHORE DR.  
                 UNIT 703  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            ROPPA, JIM  
Address        760 BENTWATER CIRCLE  
                 #103  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            BIEGE, NEAL  
Address        431 WIGGINS LAKES CT  
                 #201  
City-State-Zip: NAPLES FL 34110

**Continues on page 2**

*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:** WILLIAM BARNES

PRESIDENT

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	OLIVIERI, JOHN
Address	4946 WEST CHESTER CT 3803
City-State-Zip:	NAPLES FL 34105