

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44113

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**3958302385CC**

**Entity Name:** QUAIL WEST FOUNDATION, INC.

**Current Principal Place of Business:**

5950 BURNHAM ROAD  
NAPLES, FL 34119

**Current Mailing Address:**

5950 BURNHAM ROAD  
NAPLES, FL 34119 US

**FEI Number:** 65-0302020

**Certificate of Status Desired:** No

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

SALVATORI LAW OFFICE, PLLC  
5150 TAMiami TRAIL NORTH  
SUITE 304  
NAPLES, FL 34103 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:** LEO J. SALVATORI

02/08/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FREEMAN, ALAN  
Address 5950 BURNHAM ROAD  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name STOCK, BRIAN  
Address 5950 BURNHAM ROAD  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name BROZMAN, JACK  
Address 5950 BURNHAM ROAD  
City-State-Zip: NAPLES FL 34119

Title PRESIDENT  
Name HUFF, ROLLA  
Address 5950 BURNHAM ROAD  
City-State-Zip: NAPLES FL 34119

Title ASST. SECRETARY, COO  
Name D'ERRICO, ANTHONY  
Address 5950 BURNHAM ROAD  
City-State-Zip: NAPLES FL 34119

Title SECRETARY  
Name KOCHENOUR, CANDICE  
Address 5950 BURNHAM ROAD  
City-State-Zip: NAPLES FL 34119

Title VP  
Name ROSSI, ANGELO  
Address 5950 BURNHAM ROAD  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name BAKER, DAN  
Address 5950 BURNHAM ROAD  
City-State-Zip: NAPLES FL 34119

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*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:** ROLLA HUFF

PRESIDENT

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER, CFO  
Name BODE, KEITH  
Address 5950 BURNHAM ROAD  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR, TREASURER  
Name HALLINAN , KEVIN P.  
Address 5950 BURNHAM RD.  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name SANTORO, ALLISON  
Address 5950 BURNHAM RD.  
City-State-Zip: NAPLES FL 34119