

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44113

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

**Current Principal Place of Business:**

5950 BURNHAM ROAD  
NAPLES, FL 34119

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC5441145071**

**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, WOOD, BUCKEL, CARMICHAEL & LOTTES  
9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL 34108 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**

**04/19/2017**

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, PRESIDENT  
Name SMITH, CRAIG  
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 DIRECTOR, VP, TREASURER  
Name HUFF, ROLLA  
Address 5950 BURNHAM ROAD  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR, SECRETARY  
Name WILLIAMSON, JOAN  
Address 5950 BURNHAM ROAD  
City-State-Zip: NAPLES FL 34119

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

Title DIRECTOR  
Name KOCHENOUN, CANDICE  
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: CRAIG SMITH**

**PRESIDENT**

**04/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
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

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