

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 1:51

DOCUMENT # 761248 (4)

1. Corporation Name
QUAL RUN CONDOMINIUM ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business Mailing Address
4131 GUNN HIGHWAY TAMPA FL 33624 4131 GUNN HIGHWAY TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1981	3a. Date of Last Report 03/11/1994
4. FEI Number 59-2249644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TANKEL, ROBERT L., ESQ. 1150 CLEVELAND ST. SUITE #420 CLEARWATER FL 33515		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		B5	Zip Code
		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, DIANA	1.2 NAME	HENDERSON, CLARISSA
STREET ADDRESS	15210 POND WOODS DR W	1.3 STREET ADDRESS	15222 POND WOODS DR E
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL
TITLE	VD	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEK, JACK	2.2 NAME	CRAPARO, JEAN
STREET ADDRESS	15302 POND WOODS DR. E.	2.3 STREET ADDRESS	15224 POND WOODS DR. E
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL
TITLE	S	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILIPS, STAN	3.2 NAME	STAN FILIPS
STREET ADDRESS	15334 POND WOODS DR E	3.3 STREET ADDRESS	15334 POND WOODS DR E
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL
TITLE	D	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, ANDY	4.2 NAME	DIANNA JOHNSON
STREET ADDRESS	15228 POND WOODS DR E	4.3 STREET ADDRESS	15210 PINE
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	JACK PATEK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHON, JOHN	5.2 NAME	15302 POND WOODS E
STREET ADDRESS	15404 POND WOODS DR. E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Presumed
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALANA BOTT	6.2 NAME	
STREET ADDRESS	15234 POND WOODS DR. EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an addition.

SIGNATURE: John J. McMahon Date: 2-14-95
SIGNATURE AND TYPE IN PRINTED NAME OF BOILING OFFICER OR DIRECTOR