

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 761248 (4)

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



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

3. Date Incorporated or Qualified **12/29/1981** 3a. Date of Last Report **04/10/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **59-2249644** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**TANKEL, ROBERT L., ESQ.
1150 CLEVELAND ST.
SUITE #420
CLEARWATER FL 33515**

10. Name and Address of New Registered Agent
81 Name **Greenacre Properties, Inc**
82 Street Address (P.O. Box Number is Not Acceptable) **4131 Gunn Hwy**
83
84 City **TAMPA** FL 85 Zip Code **33604**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, Florida Statutes.

SIGNATURE *Susan A. Kelley LCAM* DATE **1/31/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	S	<input type="checkbox"/> DELETE
NAME	HENDERSON, CLARISSA	
STREET ADDRESS	15222 POND WOODS DR. E	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAPARO, JEAN	
STREET ADDRESS	15224 POND WOODS DR. E	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FILIPSM, STAN	
STREET ADDRESS	15334 POND WOODS DR E	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JOHNSON, DIANA	
STREET ADDRESS	15210 POND WOOD DR E	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PATCH, JACK	
STREET ADDRESS	15302 POND WOODS E	
CITY-ST-ZIP	TAMPA FL	
TITLE	BT	<input type="checkbox"/> DELETE
NAME	ALANA BOTT	
STREET ADDRESS	15234 POND WOODS DR. EAST	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	JOHN MCMAHON - P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	15404 POND WOODS	
3.3 STREET ADDRESS	TAMPA FL 33618	
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Josie RAYMOND - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	15407 POND WOODS DR W	
5.3 STREET ADDRESS	TAMPA FL 33618	
5.4 CITY-ST-ZIP		
6.1 TITLE	YVONNE NELSON - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	15409 POND WOODS WEST	
6.3 STREET ADDRESS	TAMPA FL 33618	
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 on an attachment with an address.

SIGNATURE: *John J. McMahon* DATE: **2-18-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)