

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 4131 GUNN HIGHWAY TAMPA FL 33624-4725



3. Date Incorporated or Qualified 12/29/1981 3a. Date of Last Report 02/28/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2249644 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
GREENACRE PROPERTIES INC 4131 GUNN HWY TAMPA FL 33624  
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HENDERSON, CLARISSA [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	HENDERSON, CLARISSA	1.2 NAME	
STREET ADDRESS	15222 POND WOODS DR. E	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	S CRAPARO, JEAN [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	CRAPARO, JEAN	2.2 NAME	
STREET ADDRESS	15224 POND WOODS DR. E	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	D MCMAHON, JOHN [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	MCMAHON, JOHN	3.2 NAME	
STREET ADDRESS	15404 POND WOODS	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	VPD JOHNSON, DIANA Dianna [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	JOHNSON, DIANA Dianna	4.2 NAME	
STREET ADDRESS	15210 POND WOOD DR E	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	D RAYNOR, JOSIE [ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	RAYNOR, JOSIE	5.2 NAME	
STREET ADDRESS	15427 POND WOODS DRIVE W	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE	T ALANA BOTT [ ] DELETE	6.1 TITLE	[ ] Change [ ] 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

SIGNATURE: Dianna Johnson 1/17/97 813-960-9229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048661

CR2E037 (9/96)