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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 761248 (4)

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

Principal Place of Business
4131 GUNN HIGHWAY
TAMPA FL 33624

Mailing Address
4131 GUNN HIGHWAY
TAMPA FL 33624

3. Date Incorporated or Qualified: 12/29/1981

4. FEI Number: 59-2249644 — Applied For ☐ Not Applicable ☐

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GREENACRE PROPERTIES INC
4131 GUNN HWY
TAMPA FL 33624

10. Name and Address of New Registered Agent
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

TITLE	D	☐ DELETE
NAME	HENDERSON, CLARISSA	
STREET ADDRESS	15222 POND WOODS DR. E	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☐ DELETE
NAME	CRAPARO, JEAN	
STREET ADDRESS	15224 POND WOODS DR. E	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	MCMAHON, JOHN	
STREET ADDRESS	15404 POND WOODS	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	☐ DELETE
NAME	JOHNSON, DIANNA	
STREET ADDRESS	15210 POND WOOD DR E	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	RAYNOR, JOSIE	
STREET ADDRESS	15427 POND WOODS DRIVE W	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	☐ 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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: Dianna Johnson 813-964-2303

CR2E037 (10/97)