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**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90005 015 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 761248**

1. Corporation Name

**QUAIL RUN CONDOMINIUM ASSOCIATION OF HILLSBOROUGH COUNTY, INC.**

Principal Place of Business

4131 GUNN HIGHWAY  
 TAMPA FL 33624

Mailing Address

4131 GUNN HIGHWAY  
 TAMPA FL 33624



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/29/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2249644

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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
85	Zip Code

**FL**

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, CLARISSA	1.2 NAME	JOHNSON, DIANNA
STREET ADDRESS	15222 POND WOODS DR. E	1.3 STREET ADDRESS	15210 Pond Woods Drive W.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAPARO, JEAN	2.2 NAME	CRAPARO, JEAN
STREET ADDRESS	15224 POND WOODS DR. E	2.3 STREET ADDRESS	15224 Pond Woods Drive W.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCAHON, JOHN	3.2 NAME	GIVENS, GWEN
STREET ADDRESS	15404 POND WOODS	3.3 STREET ADDRESS	15214 Pond Woods Drive W.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DIANNA	4.2 NAME	RAYNOR, JOSIE
STREET ADDRESS	15210 POND WOOD DR E	4.3 STREET ADDRESS	15427 Pond Woods Drive W.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYNOR, JOSIE	5.2 NAME	OLIVA, SHIRLEY
STREET ADDRESS	15427 POND WOODS DRIVE W	5.3 STREET ADDRESS	15235 Pond Woods Drive W.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALANA BOTT	6.2 NAME	BOTT, ALANA
STREET ADDRESS	15234 POND WOODS DR. EAST	6.3 STREET ADDRESS	15234 Pond Woods Drive E
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa, FL 33618

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Dianna Johnson* SIGNATURE REQUIRED

1/19/99

Daytime Phone #

CR2E037 (11/98)