

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90010 017 ****61.25

DOCUMENT # 761248

1. Entity Name

QUAIL RUN CONDOMINIUM ASSOCIATION OF HILLSBOROUGH

Principal Place of Business

Mailing Address

**4131 GUNN HIGHWAY
 TAMPA FL 33624**

**4131 GUNN HIGHWAY
 TAMPA FL 33624-4725**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2249644

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENACRE PROPERTIES INC
 4131 GUNN HWY
 TAMPA FL 33624**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Dianna Johnson

1/12/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, DIANNA	
STREET ADDRESS	15210 POND WOODS DRIVE W	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRAPARO, JEAN	
STREET ADDRESS	15224 POND WOODS DRIVE W	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIVENS, GWEN	
STREET ADDRESS	15214 POND WOODS DRIVE W	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAYNOR, JOSIE	
STREET ADDRESS	15427 POND WOODS DRIVE W	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVA, SHIRLEY	
STREET ADDRESS	15235 POND WOODS DRIVE W	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOTT, ALANA	
STREET ADDRESS	15234 POND WOODS DRIVE E	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dianna Johnson

1/12/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99