

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-24-2002 90093 003 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761248

1. Entity 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

19474



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

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/D
NAME JOHNSON, DIANNA Delete
STREET ADDRESS 15210 POND WOODS DRIVE W
CITY-ST-ZIP TAMPA FL 33618

TITLE Leigh Fotopoulos Change Addition
NAME Leigh Fotopoulos
STREET ADDRESS 15304 Pond Woods Drive E
CITY-ST-ZIP Tampa, FL 33618

TITLE V/D
NAME CRAPARO, JEAN Delete
STREET ADDRESS 15224 POND WOODS DRIVE W
CITY-ST-ZIP TAMPA FL 33618

TITLE D/Mark Lasowski Change Addition
NAME D/Mark Lasowski
STREET ADDRESS 15306 Pond Woods Drive W
CITY-ST-ZIP Tampa, FL 33618

TITLE S/D
NAME GIVENS, GWEN Delete
STREET ADDRESS 15214 POND WOODS DRIVE W
CITY-ST-ZIP TAMPA FL 33618

TITLE D/Debbie Miranda Change Addition
NAME D/Debbie Miranda
STREET ADDRESS 15207 Shaker Court
CITY-ST-ZIP Tampa, FL 33618

TITLE D
NAME ROSSI, DAVID Delete
STREET ADDRESS 15314 POND WOODS DR E
CITY-ST-ZIP TAMPA FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME OLIVA, SHIRLEY Delete
STREET ADDRESS 15235 POND WOODS DRIVE W
CITY-ST-ZIP TAMPA FL 33618

TITLE T/S/D
NAME OLIVA SHIRLEY Change Addition
STREET ADDRESS 15235 PONDWOODS DR W
CITY-ST-ZIP TAMPA, FL 33618

TITLE D
NAME BOTT, ALANA Delete
STREET ADDRESS 15234 POND WOODS DRIVE E
CITY-ST-ZIP TAMPA FL 33618

TITLE
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 2/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (9/01)