

**FILING FEE: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

**DOCUMENT # 729011 (7)**

**QUAIL HOLLOW ON THE OCEAN, SOUTH CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
6300 HWY. A1A SOUTH  
HIGHWAY A1A SOUTH  
ST. AUGUSTINE/CRESCENT BCH. FL 32084

**Mailing Address**  
JACOBS AND JACOBS  
1093 A1A BEACH BLVD., SUITE 355  
ST. AUGUSTINE FL 32084  
US

3. Date Incorporated or Qualified: **03/08/1974**  
3a. Date of Last Report: **04/06/1994**  
4. FEI Number: **59-1606730**  
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 Suits, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suits, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
**JACOBS, JACOBS AND ASS  
1093 A1A BEACH BLVD. 4075 N.W. SOUTH, STE 100(R)  
SUITE 344  
ST AUGUSTINE FL 32084**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resubmitting.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, GORDON D	1.2 NAME	DELETE
STREET ADDRESS	6300 A1A #A6 4U	1.3 STREET ADDRESS	
CITY- ST- ZIP	ST. AUGUSTINE FL	1.4 CITY- ST- ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIENOWICZ, PHYLLIS	2.2 NAME	
STREET ADDRESS	6300 HWY A1A SO #A6-2D	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST. AUGUSTINE FL	2.4 CITY- ST- ZIP	
TITLE	DT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, KATHERINE	3.2 NAME	DR WILLIAM H. HENDRICKS
STREET ADDRESS	3421 RED-CLOUD TRL	3.3 STREET ADDRESS	6300 A1A S., A3-3D
CITY- ST- ZIP	ST. AUGUSTINE FL	3.4 CITY- ST- ZIP	ST. AUGUSTINE, FL
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, WILLIAM	4.2 NAME	
STREET ADDRESS	6300 A1A #B54TH	4.3 STREET ADDRESS	
CITY- ST- ZIP	ST. AUGUSTINE FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENKAWITZ, RICHARD	5.2 NAME	PP
STREET ADDRESS	6300 A1A #B51TH	5.3 STREET ADDRESS	
CITY- ST- ZIP	ST. AUGUSTINE FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DR ROBERT CLYMAN
STREET ADDRESS		6.3 STREET ADDRESS	6300 A1A S., A2-3A
CITY- ST- ZIP		6.4 CITY- ST- ZIP	ST. AUGUSTINE, FL 32084

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: William Kirkland WILLIAM KIRKLAND 06/01/95 (904) 461-5556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Print #