

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 729011 (7)
1. Corporation Name

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



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: 07/20/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: JACOBS, JACOBS AND ASS 4075 A/A SOUTH, SUITE 100 SUITE 344 ST AUGUSTINE FL 32084
10. Name and Address of New Registered Agent: 81 Name: Jacobs, Jacobs & Assn., 82 Street Address: 2085 St 3 Suite 201, 83 City: St. Augustine, FL, FL, 85 Zip Code: 32084

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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DS NAME: ZIENOWICZ, PHYLLIS STREET ADDRESS: 6300 HWY A1A SO #A6-2D CITY-ST-ZIP: ST. AUGUSTINE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: HENDRICKS, WILLIAM H. STREET ADDRESS: 6300 A/A S., A3-3D CITY-ST-ZIP: ST. AUGUSTINE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KIRKLAND, WILLIAM STREET ADDRESS: 6300 A1A #B54TH CITY-ST-ZIP: ST. AUGUSTINE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: RENKAWITZ, RICHARD STREET ADDRESS: 6300 A1A #B51TH CITY-ST-ZIP: ST. AUGUSTINE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CUNGAN, ROBERT STREET ADDRESS: 6300 A/A S., A2-34 CITY-ST-ZIP: ST. AUGUSTINE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Robert Clingan 135 Broad St. Hudson, Ma. 01749 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William H. Hendricks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)