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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moftam
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 32084-6733, US

3. Date Incorporated or Qualified: 03/08/1974
3a. Date of Last Report: 02/12/1996
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 2a. 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 & ASSN., 2085 SR3 SUITE 201, ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: DS	<input checked="" type="checkbox"/> DELETE
NAME: ZIENOWICZ, PHYLLIS	
STREET ADDRESS: 6300 HWY A1A SO #A6-2D	
CITY-ST-ZIP: ST. AUGUSTINE FL	
TITLE: DT	<input type="checkbox"/> DELETE
NAME: HENDRICKS, WILLIAM H.	
STREET ADDRESS: 6300 A1A S., A3-3D	
CITY-ST-ZIP: ST. AUGUSTINE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: KIRKLAND, WILLIAM	
STREET ADDRESS: 6300 A1A #B54TH	
CITY-ST-ZIP: ST. AUGUSTINE FL	
TITLE: DP	<input type="checkbox"/> DELETE
NAME: RENKAWITZ, RICHARD	
STREET ADDRESS: 6300 A1A #B51TH	
CITY-ST-ZIP: ST. AUGUSTINE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: CLINGAN, ROBERT	
STREET ADDRESS: 135 BROAD ST	
CITY-ST-ZIP: HUDSON MA	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: LEO LEONARD, SR	
1.3 STREET ADDRESS: P.O. Box 1418	
1.4 CITY-ST-ZIP: ST. AUGUSTINE, FL 32085	
2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: _____	
2.3 STREET ADDRESS: _____	
2.4 CITY-ST-ZIP: _____	
3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: _____	
3.3 STREET ADDRESS: _____	
3.4 CITY-ST-ZIP: _____	
4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: _____	
4.3 STREET ADDRESS: _____	
4.4 CITY-ST-ZIP: _____	
5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: _____	
5.3 STREET ADDRESS: _____	
5.4 CITY-ST-ZIP: _____	
6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: _____	
6.3 STREET ADDRESS: _____	
6.4 CITY-ST-ZIP: _____	

14. I do 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 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* (NOTE: Registered Agent signature required when reinstating) DATE: 02/23/97 (904) 401-5556

CR2E037 (9/96)