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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/08/1974	
4. FEI Number 59-1606730	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEONARD, LEO SR	
STREET ADDRESS	PO BOX 1418	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HENDRICKS, WILLIAM H.	
STREET ADDRESS	6300 A/A S., A3-3D	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" 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 checked="" 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	JANET OLIVER	
1.3 STREET ADDRESS	6300 A1A SOUTH, A3-1D	
1.4 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS, SAMUEL DEE	
3.3 STREET ADDRESS	6300 A1A SOUTH A7, -2D	
3.4 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	
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 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. Hudcote* 3/16/98

CR2E037 (10/97)