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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729011

1. Corporation Name

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

Principal Place of Business

Mailing Address

6300 HWY. A1A SOUTH
 HIGHWAY A1A SOUTH
 ST. AUGUSTINE/CRESCENT BCH. FL 32084

JACOBS AND JACOBS
 1088 A1A BEACH BLVD. SUITE 355
 ST. AUGUSTINE FL 32084
 .US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 QUAIL HOLLOW

03/08/1974

22 City & State

27 Suite, Apt. #, etc. 6300 A1A SOUTH

4. FEI Number 59-1606730

Applied For Not Applicable

23 Zip Country

28 City & State ST AUGUSTINE FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

29 32084 30 ST JOHNS

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBS JACOBS & ASSN.
 2085 SRS SUITE 201
 ST. AUGUSTINE FL 32084

81 Name AIA REALTY
 82 Street Address (P.O. Box Number is Not Acceptable) 301 ESCAMBIA SE.
 83
 84 City ST. AUGUSTINE 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 Cindy S Chapman / CINDY S. CHAPMAN DATE 2/1/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	OLIVER, JANET	
STREET ADDRESS	6300 A1A SOUTH, A3-1D	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HENDRICKS, WILLIAM H.	
STREET ADDRESS	6300 A/A S., A3-3D	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, SAMUEL DEE	
STREET ADDRESS	6300 A1A SOUTH A7-2D	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RENKAWITZ, RICHARD	
STREET ADDRESS	6300 A1A #B51TH	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE MAYERS	
1.3 STREET ADDRESS	6300 A1A SOUTH, # B1-44	
1.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
2.1 TITLE	RICHARD THIELE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD THIELE	
3.3 STREET ADDRESS	6300 A1A SOUTH, # B1-2TH	
3.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LANE KOSLOW	
4.3 STREET ADDRESS	6300 A1A SOUTH, # B3-2D	
4.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED RICHARD THIELE-TREAS / 2/2/99 / 904-471-0667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)