

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90236 012 ****61.25

0089768

DOCUMENT # 729011

1. Entity Name

QUAIL HOLLOW ON THE OCEAN, SOUTH CONDOMINIUM ASS

Principal Place of Business

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

Mailing Address

QUAIL HOLLOW
 6300 AIA SOUTH
 ST. AUGUSTINE FL 32084
 US

2. Principal Place of Business

6300 AIA SOUTH

3. Mailing Address

6300 AIA SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FLORIDA

City & State

ST. AUGUSTINE FLORIDA

4. FEI Number

59-1606730

Applied For

Not Applicable

Zip

32080

Country

US

Zip

32080

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AIA REALTY
 201 ESCAMBIA ST
 ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name
AIA MANAGEMENT SERVICES
 Street Address (P.O. Box Number is Not Acceptable)
201 ESCAMBIA STREET
 City
ST. AUGUSTINE FL Zip Code
32080

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Cindy Chapman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OLIVER, JANET	
STREET ADDRESS	6300 A1A SOUTH, A3-1D	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMPSON, JAKE	
STREET ADDRESS	6300 A1A SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
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	T	<input checked="" type="checkbox"/> Delete
NAME	THIELE, RICHARD	
STREET ADDRESS	6300 A1A SOUTH #B1-2TH	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIER, BARNARD	
STREET ADDRESS	6300 A1A SOUTH A1-3D	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRICKS, WILLIAM	
STREET ADDRESS	6300 A1A SOUTH A3-3D	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REEVES, FAYE	
STREET ADDRESS	ROUTE 3 BOX 7A	
CITY-ST-ZIP	ADEL GA 31620	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Hendricks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

Date

904-471-9549

Daytime Phone #

CR2E037 (10/00)