

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90029 014 ****61.25

DOCUMENT # 729011

1. Entity Name

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

Principal Place of Business

Mailing Address

**6300 A1A SOUTH
ST AUGUSTINE FL 32080**

**6300 A1A SOUTH
ST AUGUSTINE FL 32080
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1606730

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**A1A MANAGEMENT SERVICES
201 ESCAMBIA ST
ST AUGUSTINE FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Delete
NAME	THOMAS, SAMUEL DEE	
STREET ADDRESS	6300 A1A SOUTH A7-2D	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENDRICKS, WILLIAM	
STREET ADDRESS	6300 A1A SOUTH A3-3D	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVES, FAYE	
STREET ADDRESS	ROUTE 3 BOX 72	
CITY-ST-ZIP	ADEL GA 31620	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, JANET	
STREET ADDRESS	6300 A1A SOUTH A3-1D	
CITY-ST-ZIP	ST.AUGUSTINE FL 32080	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAKE	
STREET ADDRESS	6300 A1A SOUTH A9-2D	
CITY-ST-ZIP	ST.AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HABERSKI, MARIE	
STREET ADDRESS	6300 A1A SOUTH A5-3D	
CITY-ST-ZIP	ST.AUGUSTINE FL 32080	
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		

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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jake Thompson

1/7/02

904-471-0667

CR2E037 (9/01)