


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90047 016 \*\*\*\*61.25

<b>DOCUMENT # 729011</b>					
1. Entity Name QUAIL HOLLOW ON THE OCEAN, SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6300 A1A SOUTH ST AUGUSTINE, FL 32080		Mailing Address 6300 A1A SOUTH ST AUGUSTINE, FL 32080			
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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COASTAL REALTY & PROPERTY MANAGEMENT, INC. 10 OCEAN TRACE ROAD ST AUGUSTINE, FL 32080			Name: <u>Coastal Realty &amp; Property Management, Inc.</u> Street Address (P.O. Box Number is Not Acceptable): <u>3142 A1A S</u> City: <u>St Augustine</u> FL Zip Code: <u>32080</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004.</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, JANET		NAME	Oliver, Janet	
STREET ADDRESS	6300 A1A SOUTH A31D		STREET ADDRESS	6300 A1A S A3-1D	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP	St Augustine, FL 32080	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, SAMUEL DEE		NAME	Thompson, Jake	
STREET ADDRESS	6300 A1A SOUTH A5-30		STREET ADDRESS	6300 A1A S A9-2D	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP	St Augustine FL 32080	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELIO, ANGELO		NAME	Reeves, Faye	
STREET ADDRESS	42 SILVER LANE		STREET ADDRESS	1885 Caulie Harris Rd	
CITY-ST-ZIP	HYANNIS, MA 02601		CITY-ST-ZIP	Adel, GA 31620	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, FAYE		NAME	Paczowski, Daniel	
STREET ADDRESS	ROUTE 3 BOX 72		STREET ADDRESS	6300 A1A S A7-3D	
CITY-ST-ZIP	ADEL, GA 31620		CITY-ST-ZIP	St Augustine, FL 32080	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACZOWSKI, DANIEL		NAME	Delio, Angelo	
STREET ADDRESS	6300 A1A SOUTH A7-30		STREET ADDRESS	6300 A1A S A8-3U	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	St Augustine, FL 32080	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Angelo V. Delio</u> <u>1/15/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					