

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729011

FILED
May 01, 2009
Secretary of State

Entity Name: QUAIL HOLLOW ON THE OCEAN, SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6300 A1A SOUTH
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

6300 A1A SOUTH
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-1606730 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLAGSHIP ASSOC MGMT ENTERPRISES
5861 NORTH OCEAN SHORE BLVD.
#2
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLES, NORMAN
Address: 196 SHER HILL RD
City-St-Zip: MAHOPAC, NY 10541

Title: T () Delete
Name: BOLLIN, GLEN
Address: 5225 JEFFS DOTY ROAD
City-St-Zip: OTTAWA LAKE, MI 49267

Title: PRES () Delete
Name: KATOUCTL, MIKE
Address: 2036 NW 21 LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: KELLEY, LAURA
Address: 326 SHAMROCK RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S (X) Delete
Name: JOHNSON, MARK
Address: 311 CALFOUR DR.
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: DUNN, JERRY
Address: 368 TERABET CT
City-St-Zip: EDGEWOOD, KY 41017

Title: D (X) Change () Addition
Name: PANCHOOKIAN, JANE
Address: 45 BOYNTON RD
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE DURR

Electronic Signature of Signing Officer or Director

VP

05/01/2009

Date