

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
**95 APR 26 AM 10:55**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 736362 (5)**  
1. Corporation Name  
**QUAIL HOLLOW CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2124 SHERWOOD FOREST BLVD. #34 WEST PALM BEACH FL 33415**      **2124 SHERWOOD FOREST BLVD. #34 WEST PALM BEACH FL 33415**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/12/1976**      3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1696167**      Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**MICHAEL GELFAND, P.A.  
ONE CLEARLAKE CENTRE #1010  
250 AUSTRALIAN AVE SOUTH  
WEST PALM BEACH FL 33401**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b>
NAME	<b>SOWERS, JOYCE</b>
STREET ADDRESS	<b>2124 SHERWOOD FOREST #34</b>
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>
TITLE	<b>PD</b>
NAME	<b>ALFARO, JEANNE</b>
STREET ADDRESS	<b>2140 SHERWOOD FOREST #9</b>
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>
TITLE	<b>TD</b>
NAME	<b>LANE, HENDRIKA</b>
STREET ADDRESS	<b>2144 SHERWOOD FOREST #5</b>
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>
TITLE	<b>M</b>
NAME	<b>LANE, STEVE</b>
STREET ADDRESS	<b>2144 SHERWOOD FOREST #5</b>
CITY - ST - ZIP	<b>W PALM BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is in truth; 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.

**SIGNATURE:** *Joyce Sowers* **JOYCE SOWERS** **4/18/95** **641-9034**  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Telephone #