

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/12/1976	04/26/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1696167	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWERS, JOYCE	1.2 NAME	
STREET ADDRESS	2124 SHERWOOD FOREST #34	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFARO, JEANNE	2.2 NAME	
STREET ADDRESS	2140 SHERWOOD FOREST #9	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, HENDRIKA	3.2 NAME	
STREET ADDRESS	2144 SHERWOOD FOREST #5	3.3 STREET ADDRESS	TD Skipper Doris 2124 Sherwood Forest #35 W. Palm Beach FL
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, STEVE	4.2 NAME	
STREET ADDRESS	2144 SHERWOOD FOREST #5	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/96 407-439-0490
 Date Daytime Phone #

CR2E037 (3/96)