## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

736362

(5)

QUAIL HOLLOW CONDOMINIUM ASSOCIATION, INC.

GOME	TOPEON CONDONNI		,							
Principal Place	e of Business	Mailing Add	Mailing Address					IBI BIBII BIBII I	ildər Ofoli ett	III BIOH IOO
2124 SHERWOO WEST PALM BE	DD FOREST 8LVD. #34 ACH FL 33415		2124 SHERWOOD FOREST BLVD. #34 WEST PALM BEACH FL 33415-6959							
							3. Date Incorporated or Qualified 07/12/1976	3a. Date 07	of Last Re 7/08/199	port 16
2. Principal Pl 21	lace of Business	2a. Mailing 26	2a. Mailing Address 26				4. FEI Number Applied For S9-1696167 Not Applicable			
Suite, Apt.	#, elc.	<b>├</b> ──	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	9	City & S	City & State			-	Election Campaign Financing     Trust Fund Contribution		\$5.00 i	
Zip					ountry		This corporation has liability for it			
24	25	29					Florida Statutes Yes No			
	9. Name and Address of	Current Registered Ag	ent				10. Name and Address of New Re-	gistered Ag	ent	
				B1	1 1	Name				
MICHAEL GELFAND, P.A. ONE CLEARLAKE CENTRE #1010				8:	2 3	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
	TRALIAN AVE SOUTH	•								
WEST P	ALM BEACH FL 33401			84	1 1	City			<b>85</b> Zip C	ode
office or r	enistered agent or both in the	he State of Florida, Such.	change was a	uthorized t	nv th	named corpo he corporatio	ration submits this statement for the pin's board of directors. I hereby accept	urpose of c it the appoir	nanging its ntment as i	registered registered
agent. I a	m familiar with, and accept the	ne obligations of, Section	617.0503, Flor	rida Statute	98.		, ,			
SIGNATURE	Signature typed or printed name of reg	wheed proper and title if applies ble	/NOTE	- Qualitared A		signature required	tuben variable of	DATE		
12.		ERS AND DIRECTORS	. (4012	13.	Jenn I	arginature redoiled	ADDITIONS/CHANGES TO OFFICE		BECTOR	S IN 12
TITLE	SD DELETE		1.1 YITLE					Change	Addition	
NAME	SOWERS, JOYCE			1.2 NAME						
STREET ADDRESS	ALAL ALIEDMIAAA FARFAT AAA			1.3 STREET ADDRESS						
CITY-ST-ZIP	W. PALM BEACH FL			1.4 CITY-	ST-	ZIP				]
TITLE	PD		DELETE	2.1 TITLE					Change	Addition
NAME	ALFARO, JEANNE			2.2 NAME						
STREET ADDRESS	2140 SHERWOOD FOR	REST #9		2.3 STREE	ET AD	DRESS				
CITY-ST-ZIP	W. PALM BEACH FL			2. 4 CITY	- 57-	ZIP				
TITLE	TD		DELETE	3.1 TITLE			. •	. [	Change	☐ Addition
NAME	SKIPPER, DORIS			3.2 NAME	•					
STREET ADDRESS	2124 35			3.3 STREI	ET AD	DDRESS				
CITY - ST - ZIP	W. PALM BEACH FL		Toriere	3.4. CITY		ZIP			T-0.	
TITLE			DELETE	4.1 TITLE				L.	] Change	Addition
NAME				4 2 NAM		İ				
STREET ADDRESS				4.3 STRE		!				
CITY-ST-ZIP			DELETE	4.4 CITY-	_	ZIP			Change	Addition
TITLE			ש מברבוב	5.1 TITLE				L	7 pigliče	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREI		- 1				
CITY-ST-ZIP			DELETE	5.4 CITY-		ZIP			TiChanna	Addition
TITLE				6.1 TITLE				L.	_] Change	L.J Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	LT AD	JUHESS				

14. I do 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 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 in changed, or on an attachment with an address.

**FILED** 

Jan 21 1997 8:00am

Secretary of State