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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736362

1. Corporation Name
QUAIL HOLLOW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2124 SHERWOOD FOREST BLVD. #34 WEST PALM BEACH FL 33415	Mailing Address 2124 SHERWOOD FOREST BLVD. #34 WEST PALM BEACH FL 33415
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2. Principal Place of Business 21 2134 Sherwood Forest Blvd Suite, Apt. #, etc. 22 none City & State 23 W Palm Beach FL Zip 24 33415 Country 25 USA	2a. Mailing Address 26 2134 Sherwood Forest Blvd Suite, Apt. #, etc. 27 none City & State 28 West Palm Beach FL Zip 29 33415 Country 30 USA	3. Date Incorporated or Qualified 07/12/1976	4. FEI Number 59-1696167 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	OSTBERG, LISA	
STREET ADDRESS	2116 SHERWOOD FOREST BLVD #25	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITTARO, SAM	
STREET ADDRESS	2148 SHERWOOD FOREST BLVD #4	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBBINS, LEON	
STREET ADDRESS	2148 SHERWOOD FOREST BLVD. #2	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOBER, BERNARD	
STREET ADDRESS	2144 SHERWOOD FOREST BLVD. #7	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: LEON ROBBINS **REQUIRED** 3/25/99 561 969 2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)