

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90154 039 \*\*\*\*61.25

DOCUMENT # 736362

1. Entity Name

**QUAIL HOLLOW CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

2134 SHERWOOD FOREST BLVD.  
 WEST PALM BEACH FL 33415

Mailing Address

2134 SHERWOOD FOREST BLVD.  
 WEST PALM BEACH FL 33415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1696167

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Presidents	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OSTBERG, LISA OSTBERG 7/27/00 561 967 2133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)