

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90002 029 ****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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1696167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MICHAEL GELFAND, P.A. ONE CLEARLAKE CENTRE #1010 250 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL 33401		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTBERG, LISA 2116 SHERWOOD FOREST BLVD #25 W. PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D FRANK Sedyga, LSK 2145 Sherwood Forest Blvd #3 WPB FL, 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTARO, SAM 2148 SHERWOOD FOREST BLVD #4 W. PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D JV POUENO 2144 Sherwood Forest Blvd WPB FL, 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, LEON 2148 SHERWOOD FOREST BLVD. #2 W. PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Marina POUENO 2144 Sherwood Forest Blvd #2 WPB FL, 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOBER, BERNARD 2144 SHERWOOD FOREST BLVD. #7 W. PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Matthew Austin 2136 Sherwood Forest Blvd #16 WPB FL, 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marina POUENO 2/14/01 561 964 023

CR2E037 (5/01)