## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 30, 2002 8:00 am DOCUMENT # **736362 Secretary of State** 01-30-2002 90085 034 \*\*\*\*61.25 QUAIL HOLLOW CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2134 SHERWOOD FOREST BLVD. 2134 SHERWOOD FOREST BLVD. WEST-PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1696167 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MICHAEL GELFAND, P.A. ONE CLEARLAKE CENTRE #1010 250 AUSTRALIAN AVE SOUTH City Zip Code WEST PALM BEACH FL 33401 FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TITLE ☐ Addition ☐ Delete TITLE Change SEDYGELSKI, FRANK FRANK NAME 5 dy selski 214 & SHERWOOD FORESTBLUD # 3 STREET ADDRESS STREET ADDRESS 2148 SHERWOOD FOREST BLVD. #3 West PAlus Beach FL 33415 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 Change D TITLE ☐ Defete TITLE ☐ Addition NAME POUENO, J V NAME BUENO 2144 SHERWOOD FOREST BLOD # 8 STREET ADDRESS 2144 SHERWOOD FOREST BLVD. STREET ADDRESS CITY\_ST\_ZIE CITY-ST-ZIP W. PALM BEACH FL 33415 ☐ Delete TITLE D Change ☐ Addition ROBBINS, LEON NAME 2144 SHELWOOD FOREST BLUD #8 NAME STREET ADDRESS 2148\_8HERWOOD FOREST BLVD. #2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W\_PADM BEACH/PL 33415 W. P. B. FL 33415 TITLE ☐ Delete TITLE ☐ Addition SCHOBER, BERNARD SUE ALLIMAN NAME NAME 2116 SHEVWOOD FUREST BLUD #28 STREET ADDRESS 2144 SHERWOOD FOREST BLVD. #7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH 51/33415 West Pola Bond PL 33415 THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. Thereby 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

TITLE

STREET ADDRESS

CITY-ST-ZIP

QUIRIPRESIDENT 1-9-02

☐ Delete

5619646615

Change

☐ Addition