


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90399 042 ****61.25

DOCUMENT # 736362
 1. Entity Name
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.
 City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	DP SEGYGELSKI, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	2148 SHERWOOD FOREST BLVD. #3	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE NAME	DVP POUENO, J V	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2144 SHERWOOD FOREST BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE NAME	SD SUE, AHLMAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2148 SHERWOOD FOREST BLVD. #2	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE NAME	DT BUEND, MARINA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2144 SHERWOOD FOREST BLVD. #7	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE NAME	ALTD WILSON, DON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2124 SHERWOOD FOREST BLVD #34	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PRESIDENT SCYGELSKI, Frank	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2148 SHERWOOD FOREST BLVD #3	
CITY-ST-ZIP	WPB FL 33415	
TITLE NAME	Vice President WILSON, DON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2124 SHERWOOD FOREST BLVD #34	
CITY-ST-ZIP	WPB FL 33415	
TITLE NAME	TREASURER SUE AHLMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2116 SHERWOOD FOREST BLVD #28	
CITY-ST-ZIP	WPB FL 33415	
TITLE NAME	SECRETARY MARIA HAMMOND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2130 SHERWOOD FOREST BLVD #16	
CITY-ST-ZIP	WPB FL 33415	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Frank Scygelski* President 4-04-03 561-9646615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #