

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90074 028 ****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	
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 Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEGYELSKI, FRANK <input checked="" type="checkbox"/> Delete 2148 SHERWOOD FOREST BLVD. #3 WEST PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCYGELSKI, FRANK <input checked="" type="checkbox"/> Delete 2144 SHERWOOD FOREST BLVD #3 W. PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorge A. Arce <input type="checkbox"/> Change <input type="checkbox"/> Addition 2148 Sherwood Forest Blvd #4 W. P. Bch. FL 33415 P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUE, AHLMAN <input checked="" type="checkbox"/> Delete 2148 SHERWOOD FOREST #28 W. PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Don R. Wilson #34 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2124 Sherwood Forest Blvd WPA FL 33415 PRES.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMMOND, MARIA <input type="checkbox"/> Delete 2130 SHERWOOD FOREST BLVD #16 W. PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Maia Hammond <input type="checkbox"/> Change <input type="checkbox"/> Addition 2130 Sherwood Forest Blvd #16 W.P.B. FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, DON <input checked="" type="checkbox"/> Delete 2124 SHERWOOD FOREST BLVD #34 WEST PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judith Malveaux <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2120 Sherwood Forest Blvd Unit 30 W.P.B., FL 33415 VP
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: <i>Don R Wilson (T)</i>		Date: <i>3-22-05</i> Daytime Phone #: <i>561-718-0729</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	