
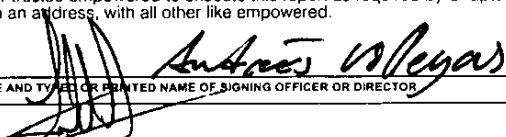


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 736362</b> 1. Entity Name <b>QUAIL HOLLOW CONDOMINIUM ASSOCIATION, INC.</b>			
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 - No P.O. Box # <b>2140 Sherwood Forest Blvd #9</b>		3. Mailing Address <b>(SAME)</b>	
Suite, Apt. #, etc. Suite, Apt. #, etc.		10262007 Chg-NP CR2E037 (12/06)	
City & State <b>WEST PALM BCH FLORIDA</b>		4. FEI Number <b>59-1696167</b>	
Zip <b>33415</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country <b>PALM BEACH</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MICHAEL GELFAND, P.A.                  1555 PALM BEACH LAKES BLVD                  SUITE 1220                  WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>DICKER, KRIVOK &amp; STOLOFF P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1818 Australian Avenue South                  #400</b> City <b>WPB</b> FL Zip Code <b>33409</b>	
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 <b>DICKER, KRIVOK &amp; STOLOFF PA</b> <span style="float: right;">12/1/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P YEARY, JAMES <input checked="" type="checkbox"/> Delete	TITLE	P- Andres Villegas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2120 SHERWOOD FOREST BLVD, # 31	STREET ADDRESS	2140 Sherwood Forest Blvd #9
CITY-ST-ZIP	W. PALM BEACH, FL 33415	CITY-ST-ZIP	WPB FL 33415
TITLE	T FERREIRA, MELANIE <input checked="" type="checkbox"/> Delete	TITLE	T - IDHACIA BENACIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2124 SHERWOOD FOREST BLVD #34	STREET ADDRESS	2106 Sherwood Forest Blvd #19
CITY-ST-ZIP	W. PALM BEACH, FL 33415	CITY-ST-ZIP	WPB FL 33415
TITLE	S FERREIRA, MELANIE <input checked="" type="checkbox"/> Delete	TITLE	VP - Adonis Infante <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2124 SHERWOOD FOREST BLVD #34	STREET ADDRESS	2148 Sherwood Forest Blvd #1
CITY-ST-ZIP	W. PALM BEACH, FL 33415	CITY-ST-ZIP	WPB FL 33415
TITLE	<input type="checkbox"/> Delete	TITLE	S - DAVID ALVARADO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	2106 Sherwood Forest Blvd #19
CITY-ST-ZIP		CITY-ST-ZIP	WPB FL 33415
TITLE	<input type="checkbox"/> Delete	TITLE	
STREET ADDRESS	<b>B 12/11/07</b>	STREET ADDRESS	<b>700113157137</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>12/14/07--01041--008 **61.25</b>
TITLE	<input type="checkbox"/> Delete	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date <b>12/1/07</b> (561) 693-9964	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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