

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 FEB 28 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # 736362			
1. Entity Name QUAIL HOLLOW CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2134 SHERWOOD FOREST BOULEVARD WEST PALM BEACH, FL 33415		Mailing Address 2140 SHERWOOD FOREST BLVD #9 WEST PALM BEACH, FL 33415	
2. Principal Place of Business - No P.O. Box # <b>PROPERTY MANAGEMENT RESOURCES</b> 4000 S. 57th AVE #101		3. Mailing Address # 4000 S. 57th AVE 101	
City & State <b>LAKE WORTH</b>		City & State <b>LAKE WORTH, FLORIDA</b>	
Zip <b>FLORIDA</b>		Zip <b>33463</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
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 GELFAND & ARPE, P.A. 1555 PALM BEACH LAKES BOULEVARD SUITE 1220 WEST PALM BEACH, FL 33401		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 AVE. SOUTH #400</b> City: <b>WEST PALM BEACH</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>ED DICKER</b> <i>Ed Dicker</i>		DATE: <b>2/26/08</b>	
Amended AR is \$61.25		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: P NAME: VILLEGAS, ANDRES <input checked="" type="checkbox"/> Delete STREET ADDRESS: 2140 SHERWOOD FOREST BLVD. # 9 CITY-ST-ZIP: WEST PALM BEACH, FL 33415	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: DAVID J. ALVARADO STREET ADDRESS: 2106 Sherwood Forest Blvd #19 CITY-ST-ZIP: West Palm Bch, FL 33415		
TITLE: T NAME: INFANTE, ADONIS <input checked="" type="checkbox"/> Delete STREET ADDRESS: 2148 SHERWOOD FOREST BOULEVARD #01 CITY-ST-ZIP: WEST PALM BEACH, FL 33415	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: DALE BYERLY STREET ADDRESS: 2144 Sherwood Forest Blvd #5 CITY-ST-ZIP: West Palm Bch, FL 33415		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: IDHALIA BENACIA STREET ADDRESS: 2106 Sherwood Forest Blvd #19 CITY-ST-ZIP: West Palm Bch FL 33415 DIRECTOR		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>02-19-2008 90017 028 \$61.25</b>		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>David Alvarado</i>		DATE: <b>2/26/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # <b>273-6104</b>	

KTS

David Alvarado