

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:41

DOCUMENT # **752089** (3)

1. Corporation Name

THE TOWERS OF QUAYSIDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ONE QUAYSIDE BLVD.
MIAMI FL 33138

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MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/18/1980** 3a. Date of Last Report **03/15/1994**

4. FEI Number **59-2023759** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRISTIANSON, WILLIAM
1133 N.E. 91ST TERR
MIAMI SHORES 33138**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of capacity

(NOTE: Registered Agent signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

~~TITLE: D
NAME: RICKMANN, ED
STREET ADDRESS: 2000 TOWERSIDE TERR #703
CITY-ST-ZIP: MIAMI FL~~

11 TITLE: Change Addition
12 NAME: **Lutness, Larry**
13 STREET ADDRESS: **2000 Towerside Terrace # 607**
14 CITY-ST-ZIP: **Miami, FL 33138**

TITLE: SD
NAME: SHARPE, BARBARA
STREET ADDRESS: 1000 QUAYSIDE TERR #803
CITY-ST-ZIP: MIAMI FL

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:

TITLE: DV
NAME: FRIEDMAN, HAROLD
STREET ADDRESS: 1000 QUAYSIDE TERR #TS02
CITY-ST-ZIP: MIAMI FL

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

~~TITLE: D
NAME: GALBUT, HOWARD
STREET ADDRESS: 10681 QUAYBRIDGE COURT
CITY-ST-ZIP: MIAMI FL~~

41 TITLE: Change Addition
42 NAME: **Jay Euster**
43 STREET ADDRESS: **1558 N.E. Quay Terrace**
44 CITY-ST-ZIP: **Miami, Florida 33138**

TITLE: T
NAME: BOCCARD, LISA D.
STREET ADDRESS: 465 NW 88 TERRACE
CITY-ST-ZIP: MIAMI FL

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

TITLE: D
NAME: FRANK, ROBERT
STREET ADDRESS: 2000 TOWERSIDE TERR 1008
CITY-ST-ZIP: MIAMI FL

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR

William Christianson Treasurer

Date

3-21-95

(305) 895-7100