

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

ONE QUAYSIDE BLVD.  
MIAMI FL 33138

3. Date Incorporated or Qualified

04/18/1980

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2023759

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LUTNESS, LARRY	
STREET ADDRESS	2000 TOWERSIDE TERRACE #607	
CITY-ST-ZIP	MIAMI FL	
TITLE	<del>SO</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>SHARPE, BARBARA</del>	
STREET ADDRESS	<del>1000 QUAYSIDE TERR #803</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, HAROLD	
STREET ADDRESS	1000 QUAYSIDE TERR #TS02	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EUSTER, JAY	
STREET ADDRESS	1558 N.E QUAY TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	<del>T</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>BOCCARD, LISA D.</del>	
STREET ADDRESS	<del>465 NW 88 TERRACE</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<del>D</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>FRANK, ROBERT</del>	
STREET ADDRESS	<del>2000 TOWERSIDE TERR 1008</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey Weithorn	
2.3 STREET ADDRESS	1000 Quayside Terrace - #1806	
2.4 CITY-ST-ZIP	Miami, FL 33138	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Maurice Estorme	
5.3 STREET ADDRESS	4000 Towerside Terrace - #1412	
5.4 CITY-ST-ZIP	Miami, FL 33138	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Betty Lehman	
6.3 STREET ADDRESS	2000 Towerside Terrace - #502	
6.4 CITY-ST-ZIP	Miami, FL 33138	

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Friedman - Vice President

3-18-96 (305) 845-7100 ex. 13

Date

Daytime Phone #

CR2E037 (12/95)