
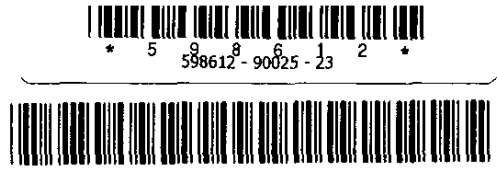


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90025 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 752089		
1. Corporation Name THE TOWERS OF QUAYSIDE HOMEOWNERS ASSOCIATION, I NC.		
Principal Place of Business ONE QUAYSIDE BLVD. MIAMI FL 33138	Mailing Address ONE QUAYSIDE BLVD. MIAMI FL 33138	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/18/1980	4. FEI Number 59-2023759 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent CHRISTIANSON, WILLIAM 1133 N.E. 91ST TERR MIAMI SHORES FL 33138	10. Name and Address of New Registered Agent 81 Name Thomas Davis 82 Street Address (P.O. Box Number is Not Acceptable) One Quay Blvd 83 84 City Miami FL 85 Zip Code 33138
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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 Thomas Davis General Manager DATE 7/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTNESS, LARRY	1.2 NAME	Bruce Bernstein
STREET ADDRESS	2000 TOWERSIDE TERRACE #607	1.3 STREET ADDRESS	4000 Towerside Terr
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Fla 33138
TITLE	D DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, REUBEN	2.2 NAME	Jay Euster
STREET ADDRESS	1000 QUAYSIDE TERRACE, #507	2.3 STREET ADDRESS	1558 N.E. Quayside Terr
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami Fla 33138
TITLE	D DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERLICK, JOE	3.2 NAME	John DeValley
STREET ADDRESS	1000 TOWERSIDE TERR, #1702	3.3 STREET ADDRESS	1000 Quayside Terr.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Fla 33138
TITLE	D DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUSTER, JAY	4.2 NAME	John DeBlasio
STREET ADDRESS	1558 N.E QUAY TERRACE	4.3 STREET ADDRESS	2000 Towerside Terr
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami Fla 33138
TITLE	DT Director <input type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESFORMES, MAURICE	5.2 NAME	Jeff Ken
STREET ADDRESS	4000 TOWERSIDE TERRACE #1412	5.3 STREET ADDRESS	2000 Towerside Terr
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami Fla 33138
TITLE	VD DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMAN, BETTY	6.2 NAME	Richard Shelton
STREET ADDRESS	2000 TOWERSIDE TERRACE #512	6.3 STREET ADDRESS	1000 Quayside Terr
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami Fla 33138

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Bruce Bernstein DATE 7/21/99 305-895-7100
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (5/99)