NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

1. Corporation Name

THE TOWERS OF QUAYSIDE HOMEOWNERS ASSOCIATION, I

Principal Place of Business ONE QUAYSIDE BLVD. MIAMI FL 33138

Mailing Address

ONE QUAYSIDE BLVD.

MIAMI FL 33138

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

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

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2. Principal Place of Business 2. Malling Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified 04/18/1980 Applied For 59/2023/759 Not Applied For 50/2023/75 Not Applied For 50/2023/75 Not
Suite, Apt. #, etc. Suite, Ap
Section Status State State State State Status Desired Stat
City & State City & State
23 Zip Country Zip Country 2 Zip Country 6. Election Campaign Financing Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
24 25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Thomas Cau's 82 Stract Address (P.O. Box Number is Not Acceptable) 1133 N.E. 91ST TERR MIAMI SHORES FL 33138 83
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. OFFICERS AND DIRECTORS 13. NAME 14. CID Corde Signature, typed or printed name of registered agent and title if applicable. 15. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Name Two Mass Street Agent Agent 18. Name Two Mass Street Agent Agent 19. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name Two Mass Street Agent Age
CHRISTIANSON, WILLIAM 1133 N.E. 91ST TERR MIAMI SHORES FL 33138 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 agent. I am familiar with and accept the obligatings of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City Carm FL 85 Zip Code 3 3 3 3 8 84 City Carm FL 85 Zip Code 3 3 3 3 8 85 Zip Code 3 3 3 3 8 86 City Carm FL 85 Zip Code 3 3 3 3 8 10. Carm FL 85 Zip Code 3 3 3 3 8 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 agent. I am familiar with and accept the obligatings of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Egnature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD LUTNESS, LARRY 12. LUTNESS, LARRY 12. STREET ADDRESS 13. STREET ADDRESS 14. COO TOWERSIDE TERRACE #607 13. STREET ADDRESS 14. CITY ST-ZIP MIAMI FL No ami Fla 3 3 1 3 8
CHRISTIANSON, WILLIAM 1133 N.E. 91ST TERR MIAMI SHORES FL 33138 82 Street Address (P.O. Box Number is Not Acceptable) 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 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 Eginature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME LUTNESS, LARRY 12. NAME LUTNESS, LARRY 13. STREET ADDRESS 4000 TOWERSIDE TERRACE #607 14. CITY-ST-ZIP MIAMI FL MIAMI FL
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CITY-ST-ZIP MIAMIFL 24CITY-ST-ZIP Miami Fla 33136
TILE D DELETE 31 TILE Treasurer Addition
NAME SERLICK, JOE 32 NAME John Le Valley
STREET ADDRESS 1000 TOWERSIDE TERR, #1702 33 STREET ADDRESS 1000 Quaside Tten.
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indicated on this annual report or supplied with an simily does not quality for the exemption stated in Section 1.19.07(3)(i), Fronda 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 autother like empowered.

SIGNATURE: