

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90001 041 ****61.25



DOCUMENT # 752089
 1. Entity Name
THE TOWERS OF QUAYSIDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**ONE QUAYSIDE BLVD.
 MIAMI, FL 33138**

Mailing Address
**ONE QUAYSIDE BLVD.
 MIAMI, FL 33138**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

08032006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2023759

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DAVIS, THOMAS
 ONE QUARY BLVD
 MIAMI, FL 33138**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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 PD Delete
 NAME REISEMAN, HARVEY
 STREET ADDRESS 4000 TOWERSIDE TERR. #1608
 CITY-ST-ZIP MIAMI, FL 33138

TITLE Change Addition
 NAME *Reisman, Harvey*
 STREET ADDRESS *4000 Towerside terr. #1608*
 CITY-ST-ZIP *Miami, FL 33138*

TITLE D Delete
 NAME ATLAS, JANET
 STREET ADDRESS 1000 QUAYSIDE TERR. #1105
 CITY-ST-ZIP MIAMI, FL 33138

TITLE Change Addition
 NAME *Welkle James*
 STREET ADDRESS *2000 Towerside terr. #1610*
 CITY-ST-ZIP *Miami, FL 33138*

TITLE D Delete
 NAME HEFFERNAN, PATRICK
 STREET ADDRESS 2000 TOWERSIDE TERR. #312
 CITY-ST-ZIP MIAMI, FL 33138

TITLE Change Addition
 NAME *Heffernan, Patrick*
 STREET ADDRESS *2000 Towerside Terr. #312*
 CITY-ST-ZIP *Miami, FL 33138*

TITLE S Delete
 NAME DE BLASIO, JOHN
 STREET ADDRESS 3013 QUAYSIDE LANE
 CITY-ST-ZIP MIAMI, FL 33138

TITLE Change Addition
 NAME *Kroger, Robert*
 STREET ADDRESS *4000 Towerside Terr. #1608*
 CITY-ST-ZIP *Miami, FL 33138*

TITLE VP Delete
 NAME HOLLAND, JUDY
 STREET ADDRESS 1000 QUAYSIDE TERR. #411
 CITY-ST-ZIP MIAMI, FL 33138

TITLE Change Addition
 NAME *Holland, Judy*
 STREET ADDRESS *1000 Quayside terr. #1005*
 CITY-ST-ZIP *Miami, FL 33138*

TITLE T Delete
 NAME KURTZ, STEVEN
 STREET ADDRESS 4000 TOWERSIDE TERR #411
 CITY-ST-ZIP MIAMI, FL 33138

TITLE Change Addition
 NAME *Gordon, William*
 STREET ADDRESS *1000 Quayside Terr. #411*
 CITY-ST-ZIP *Miami, FL 33138*

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: *Patrick J. Heffernan* Patrick J. Heffernan 8-11-06 305.899.0209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
75 2089

40101458

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR