

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 # 752090 (1)
1. Corporation Name
THE TOWERS OF QUAYSIDE NO. 1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1000 QUAYSIDE TERR MIAMI FL 33138
Mailing Address: 1000 QUAYSIDE TERR MIAMI FL 33138

3. Date Incorporated or Qualified 04/18/1980	3a. Date of Last Report 03/10/1995
4. FEI Number 59-2023750	Applied For <input type="checkbox"/> 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
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHEAR, GAIL 1000 QUAYSIDE TERRACE MGMT OFFICE MIAMI FL 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PERETZ, STEVEN <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERETZ, STEVEN	1.2 NAME	Rogers, William
STREET ADDRESS	1000 QUAYSIDE TERR #1103	1.3 STREET ADDRESS	1000 Quayside Terr #808
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33138
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPE, BARBARA	2.2 NAME	Azaria, Ruth
STREET ADDRESS	1000 QUAYSIDE TERR. #803	2.3 STREET ADDRESS	1000 Quayside Terrace #1707
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33138
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMRIND, SHERMAN	3.2 NAME	Baumrind, Sherman
STREET ADDRESS	10000 QUAYSIDE TERR #1211	3.3 STREET ADDRESS	1000 Quayside Terr #1211
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33138
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDAU, CALVIN	4.2 NAME	
STREET ADDRESS	1000 QUAYSIDE TERR. #1507	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, PHILIP	5.2 NAME	Dr. Holland, Judy
STREET ADDRESS	1000 QUAYSIDE TERR. #501	5.3 STREET ADDRESS	1000 Quayside Terr #1005
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33138
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Judy Holland JUDY HOLLAND 1-25-96 305-891-8270
Date Daytime Phone #

CR2E037 (12/95)