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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

752090

(1)

THE TOWERS OF QUAYSIDE NO. 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1000 QUAYSIDE TERR MIAMI FL 33138

1000 QUAYSIDE TERR MIAMI FL 33138-2243

FILED May 20 1997 8:00am Secretary of State



| | | | | 3. Date Incorporated or Qualified 04/18/1980 | 3a. Date of Last Report 02/01/1996 |
|-----------------------------|---|--|--------------------------------------|--|---|
| 2 Principal Pi | ace of Business | 2a. Mailing Address | | A FELLI ALLE AND A CONTRACTOR AND A CONT | Applied For |
| 21 100 | . ^ | 26 1000 Os | sayside i | 1en 59-2023750 | Not Applicable |
| Sulte, Apt. (| #, etc. | |) in a | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | 27 / / / / / / / / City & State | ne | C Flastice Companies Cinemains | |
| 23 Mia | · • | 28 Miam | · P1. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Oountry | 8. This corporation has liability for inta | |
| 24 33 | 6(38' 25 1)SA | 20 38138 | OSA- | · · · · - | res No |
| | 9. Name and Address of Current R | | | 10. Name and Address of New Regis | tered Agent |
| 81 Name MirTha Fernandez | | | | | |
| SHEAR, GAIL | | | | Address (P.O. Box Number is Not Acceptable) | |
| 1000 QUAYSIDE TERRACE | | | 82 Street | 1000 Quayside | |
| MGMT OFFICE | | | 183 | | |
| MIAMI FL 33138 | | | 84 City | lower one | RS Zin Codo |
| | - | | : Ony | Miami | FL 33138 |
| 11. Pursuant t | o the provisions of Sections 617,0502 a | nd 617.1508, Florida Statute | the above-named | corporation submits this statement for the pur | pose of changing its registered |
| office or re apent. I ar | egistered agent, or both, in the State of I m familiar with_and accept the oblig atio | Horida. Such change was au ne €. Section 617.0503. Flor | ποτιζέσ by the corp ida Statules. | oration's board of directors. I hereby accept t | ne appointment as registered |
| SIGNATURE 5-1-97 | | | | | |
| SIGIVATORE _ | Signalure, typed or printed name of registured agent at | nd title if applicable. (NOTE: | Rogistered Agent signature | | DATE |
| 12. | OFFICERS AND D | | 13. | ADDITIONS/CHANGES TO OFFICER | |
| TITLE | D | DETELE | 1.À TITLE | VPH | Change Addition |
| NAME | ROGERS, WILLIAM | | 1.P NAME | Rogers, William 1000 Quayside Tem Miami, FL. 33188 | OAC |
| STREET ADDRESS | 1000 QUAYSIDE TERR 808 | | 1.B STREET ADDRESS | 1000 Quayside ler | 208 |
| CITY-ST-ZIP | MIAMI FL | To be by | 1.4 CITY - ST - ZIP | The state of the s | |
| TITLE | VPD | · 🔲 DELETE | | TOLON ONTO | Change Addition |
| NAME | AZARIA, RUTH | | 2.P NAME | Azaria, RUTh | . ** A *** |
| STREET ADDRESS | 1000 QUAYSIDE TERRACE 1707 | | 2.B STREET ADDRESS | 1000 Quayside Terr | 1107 |
| CITY-ST-ZIP | MIAMI FL | D DALES | 2 4 C(TY-S1-ZIP | Miami, FC 33131 | Change Addition |
| TALE | TD | ☐ DELETE | 3.h TITLE | SD | □ cusuds □ vocition |
| NAME | BAUMRIND, SHERMAN | | 3 P NAME | Goodman Chloe | |
| STREET ADDRESS | 10000 QUAYSIDE TERR #1211 | | 3.9 STREET ADDRESS | 1000 avayside Ten | ÷ 811 |
| CITY-ST-ZIP | MIAMI FL | ☐ DELETE | 3.4. C(TY-ST-ZIP | Miami FL 3313 | Change Addition |
| TITLE | PD | [Ditt | 4.1 TITLE 4.2 NAME | Panalaa Caliii | CET Onange LT Munition |
| NAME CTOTET ADDRESS | LANDAU, CALVIN | | 4.2 NAME 43 STREET ADDRESS | Landas, Calvin . | 507 |
| STREET ADDRESS | 1000 QUAYSIDE TERR. #1507 | | | Miami, R. 33/38 | / |
| CITY-ST-ZIP TITLE | MIAMI FL SD | ☐ DELETE | 4.4 CITY-ST-ZIP 5.5 TITLE | PD PD | Change Addition |
| NAME | HÖLLAND, JUDY DR. | _ vector | 5.2 NAME | | the same of the bank and the same |
| STREET ADDRESS | 1000 QUAYSIDE TERRACE 1005 | | 5.3 STREET ADDRESS | Holland, Judy Te | n 1005 |
| CITY-ST-ZIP | MIAMI FL | • | 5.4 CITY-ST-ZIP | miami FL 3313 | ** * - |
| TITLE | Hikani i P | DELETE | 6,1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6,4 CITY-ST-ZIP | | |
| 14 I do horal | by certify that the Information supplied w | ith this filing does not qualify | for the exemption s | tated in Section 119.07(3)(i), Florida Statutes. | I further certify that the |
| i am an di | flicer or director of the corporation or the | s recolver or trustee empowe | ired to execute this i | I that my signature shall have the same legal e report as required by Chapter 617, Florida Sta | πect as it made under oath; that tutes; and that my name |
| appears i | n Block 12 or Block 13 if changed, or or | i an atlach nent with an addr | ess. | | _ |
| | (1) N (1, 1) | . !!!!! | | | E-1 97 |