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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752090

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

Principal Place of Business 1000 QUAYSIDE TERR TOWER ONE MIAMI FL 33138 US	Mailing Address 1000 QUAYSIDE TERR TOWER ONE MIAMI FL 33138 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/18/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2023750
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**BORJAS, JANNETTE
 1000 QUAYSIDE TERR
 TOWER ONE
 MIAMI FL 33138**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, WILLIAM	
STREET ADDRESS	1000 QUAYSIDE TERR, #1006	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AZARIA, RUTH	
STREET ADDRESS	1000 QUAYSIDE TERR, #1707	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BAUMRIND, SHERMAN	
STREET ADDRESS	10000 QUAYSIDE TERR #1211	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LANDAU, CALVIN	
STREET ADDRESS	1000 QUAYSIDE TERR. #1507	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOLLAND, JUDY DR.	
STREET ADDRESS	1000 QUAYSIDE TERR, #1005	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEHAM, LARRY	
STREET ADDRESS	1000 QUAYSIDE TERR, #2112	
CITY-ST-ZIP	MIAMI FL 33138	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P. DR. SOLOMON LICHTER
1.3 STREET ADDRESS	1000 Quayside Terr. # 2012
1.4 CITY-ST-ZIP	MIAMI FL 33138
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Harold Friedman
3.3 STREET ADDRESS	1000 Quayside Terr # 2102
3.4 CITY-ST-ZIP	MIAMI, FL. 33138
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Dr. Solomon Lichter **REQUIRED** (305) 891-8270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)