

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) <sup>2</sup>

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90056 048 \*\*\*\*61.25

66403417



MOORE CR2E037 (11/03)

<b>DOCUMENT # 752090</b> 1. Entity Name <b>THE TOWERS OF QUAYSIDE NO. 1 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1000 QUAYSIDE TERR TOWER ONE MIAMI FL 33138 US</b>			Mailing Address <b>1000 QUAYSIDE TERR TOWER ONE MIAMI FL 33138 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2023750</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SKRLD, INC. 201 ALHAMBRA CIRCLE, STE. 1102 CORAL GABLES FL 33134</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LICHTER, SOLOMON DR 1000 QUAYSIDE TERRACE #2012 MIAMI FL 33138</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DR. SOLOMON LICHTER 1000 QUAYSIDE TERR # 2012 MIAMI, FL 33138</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST AZARIA, RUTH 1000 QUAYSIDE TERR, #1707 MIAMI FL 33138</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DR. WILLIAM MARKS 1000 QUAYSIDE TERR #1508 MIAMI, FL. 33138</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MURRAY, FRANK 1000 QUAYSIDE TERR 1406 MIAMI FL 33138</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MR. FRANK MURRAY 1000 QUAYSIDE TERR. #1406 MIAMI, FL. 33138</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WALL, PETER MR 1000 QUAYSIDE TERR 1202 MIAMI FL 33138</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MR. JOAN D'ERRICO 1000 QUAYSIDE TERR #1107 MIAMI, FL. 33138</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAVALLEY, JOHN DR 1000 QUAYSIDE TERRACE APT1103 MIAMI FL 33138</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MRS. LINDA JOHNSTON 1000 QUAYSIDE TERR. #1412</b> <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		
12. 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 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.					
<b>SIGNATURE: <i>[Signature]</i> 2/23/04 305-891-8270</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					