



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90190 024 \*\*\*\*61.25

<b>DOCUMENT # 752090</b>							
1. Entity Name <b>THE TOWERS OF QUAYSIDE NO. 1 CONDOMINIUM ASSOCIATION, INC.</b>							
Principal Place of Business 1000 QUAYSIDE TERR TOWER ONE MIAMI, FL 33138 US		Mailing Address 396 ALHAMBRA CIR SUITE 230 CORAL GABLES, FL 33134 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2023750	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>HYMAN SPECTOR &amp; MAIS,LLP</b> 150 WEST FLAGLER ST SUITE 2701 MIAMI, FL 33130			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							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</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	VD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LEVINE, STEVE		NAME	ALAN GRAMM			
STREET ADDRESS	1000 QUAYSIDE TERRACE SUITE 2112		STREET ADDRESS	P.O. BOX 601611			
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	MIAMI, FL 33160-1611			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	D'ERRICO, JOHN		NAME	ALINA SOTO			
STREET ADDRESS	1000 QUAYSIDE TERRACE SUITE 1107		STREET ADDRESS	1000 QUAYSIDE TERRACE # 2103			
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	MIAMI, FL 33138			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FRUITT, DENNIS		NAME	JODI <del>BRAND</del> PASCAL			
STREET ADDRESS	1000 QUAYSIDE TERRACE SUITE 1502		STREET ADDRESS	1000 QUAYSIDE TERR. #1109			
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	MIAMI, FL 33138			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	D'ERRICO, JOHN		NAME	ANTHONY SOKOL			
STREET ADDRESS	1000 QUAYSIDE TERR 1107		STREET ADDRESS	1000 QUAYSIDE TERR. #906			
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	MIAMI, FL 33138			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARTHUR, AUGUST		NAME				
STREET ADDRESS	1000 QUAYSIDE TERR 1206		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP				
TITLE	DR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEMURA, ARMAND		NAME				
STREET ADDRESS	1000 QUAYSIDE TERRACE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP				
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: 			4/17/08 (786)251-4016				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				

40103011



04172008 Chg-NP CR2E037 (12/06)