

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-03-2003 90852 017 ***61.25

DOCUMENT # **752090**

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2023750		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State				Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SKRLD, INC. 201 ALHAMBRA CIRCLE, STE. 1102 CORAL GABLES FL 33134				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 SKRLD, Inc. by *John D. Levalley*, Secretary 2/25/03 DATE

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHTER, SOLOMON DR	NAME	
STREET ADDRESS	1000 QUAYSIDE TERRACE #2012	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZARIA, RUTH	NAME	
STREET ADDRESS	1000 QUAYSIDE TERR, #1707	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBERG, HERB	NAME	FRANK MURRAY
STREET ADDRESS	1000 QUAYSIDE TERRACE #1504	STREET ADDRESS	1000 QUAYSIDE TERR. #1406
CITY-ST-ZIP	MIAMI FL 33138	CITY-ST-ZIP	MIAMI FL 33138
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLAND, JUDY DR.	NAME	MR. PETER WALL
STREET ADDRESS	1000 QUAYSIDE TERR, #1005	STREET ADDRESS	1000 QUAYSIDE TERR #1202
CITY-ST-ZIP	MIAMI FL 33138	CITY-ST-ZIP	MIAMI FL 33138
TITLE	PD <input type="checkbox"/> Delete	TITLE	D D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVALLEY, JOHN DR.	NAME	
STREET ADDRESS	1000 QUAYSIDE TERRACE APT1103	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 information.

SIGNATURE: *John D. Levalley* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 9/21st/03 **DATE**

CR2037 (10/02)