


FILE NOW: FILING FEE IS \$61.25

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**Mar 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760403 (6)
1. Corporation Name
QUIET WATERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % JACK TANENBAUM, CPA 9180 OAKHURST ROAD, SUITE 3 SEMINOLE FL 33776	Mailing Address % JACK TANENBAUM, CPA 9180 OAKHURST ROAD, SUITE 3 SEMINOLE FL 33776
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3. Date Incorporated or Qualified 10/13/1981	
4. FEI Number 59-2138427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 C/O JACK TANENBAUM CPA Suite, Apt. #, etc. 22 9180 OAKHURST RD STE 3 City & State 23 SEMINOLE FL Zip 24 33776	2a. Mailing Address 26 C/O JACK TANENBAUM CPA Suite, Apt. #, etc. 27 9180 OAKHURST RD STE 3 City & State 28 SEMINOLE FL Zip 29 33776	Country 30 U S A
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9. Name and Address of Current Registered Agent

**TANENBAUM, JACK H CPA
9180 OAKHURST ROAD, SUITE 3
SEMINOLE FL 33776**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MAURIELLO, FLAVIO C	
STREET ADDRESS	19931 GULF BLVD., APT. 4-E	
CITY-ST-ZIP	INDIAN SHORES FL 34835	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHANDRASHEKAR, K	
STREET ADDRESS	19931 GULF BLVD, #4-D	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, EDWARD	
STREET ADDRESS	19931 GULF BLVD., APT. B3	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALVO, JOSEPH	
STREET ADDRESS	1155 AVO RD.	
CITY-ST-ZIP	SCHENECTADY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TATE, JOSEPH	
STREET ADDRESS	7 MILLHOUSE LANE	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAURIELLO, FLAVIO	
1.3 STREET ADDRESS	19931 GULF BLVD APT 4E	
1.4 CITY-ST-ZIP	INDIAN SHORES FL 33785	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GILBERT, CATHY	
2.3 STREET ADDRESS	19931 GULF BLVD APT 2E	
2.4 CITY-ST-ZIP	INDIAN SHORES FL 33785	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHNSON, EDWARD	
3.3 STREET ADDRESS	19931 GULF BLVD APT B3	
3.4 CITY-ST-ZIP	INDIAN SHORES FL 33785	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SALVO, JOSEPH	
4.3 STREET ADDRESS	1155 AVO RD	
4.4 CITY-ST-ZIP	SCHENECTADY NY	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VIZZARI, JOSEPH	
5.3 STREET ADDRESS	19931 GULF BLVD APT E5	
5.4 CITY-ST-ZIP	INDIAN SHORES FL 33785	
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 supplementa 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.

SIGNATURE: *Joseph J. Salvo* *Sandra B. Mortham* *2/24/98*

CP2E037 (10/97)