

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-02-2002 90059 018 ****61.25

DOCUMENT # **700403**
1. Entity Name
19931 Gulf Blvd.
Indian Shores, FL 33785
US
Quiet Waters Condo. Ass
c/o Richard C. Commons,
2700 East Bay Drive #10
Largo, FL 33771

30283

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19931 Gulf Boulevard Suite, Apt. #, etc.		3. Mailing Address c/o Richard C. Commons, P.A. Suite, Apt. #, etc. 2700 East Bay Drive #107		4. FEI Number 59-2138427		Applied For Not Applicable	
City & State Indian Shores, FL		City & State Largo, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE	
Zip 33785	Country USA	Zip 33771	Country USA				

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Prout, Bob

Street Address (P.O. Box Number is Not Acceptable)
14609 Bay Drive

City Largo FL Zip 33774

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.

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

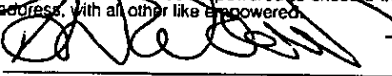
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P (D) Wood, Barry 7 Byrd Crescent Kanata, Ontario K2L 2G6 Canada	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP (D) Repass, Jim 59 Gate Street South Boston, MA 02127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST (D) Embrey, James 9076 County Road 87 Hammondsport, NY 14840	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **BARRY N WOOD** April 19/2002 727-593-3133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #