

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008946

FILED  
Jan 21, 2010  
Secretary of State

**Entity Name:** QUANTUM ON THE BAY CONDOMINIUM NO. ONE ASSOCIATION, INC.

**Current Principal Place of Business:**

1900 N. BAYSHORE DRIVE  
MIAMI, FL 33132

**New Principal Place of Business:**

1900 N. BAYSHORE DRIVE  
1259  
MIAMI, FL 33132

**Current Mailing Address:**

1900 N. BAYSHORE DRIVE  
MIAMI, FL 33132

**New Mailing Address:**

1900 N. BAYSHORE DRIVE  
1259  
MIAMI, FL 33132

FEI Number: 26-1500248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HYMAN SPECTOR & MARS, LLP  
150 WEST FLAGLER STREET  
SUITE 2701  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DOMINGUEZ, ABELARDO  
Address: 1900 N. BAYSHORE DRIVE, UNIT 1511  
City-St-Zip: MIAMI, FL 33132

Title: VP  
Name: KLEMM, HANS-JUERGEN  
Address: 1900 N. BAYSHORE DRIVE, UNIT 4601  
City-St-Zip: MIAMI, FL 33132

Title: T  
Name: VALDEZ, NELSON  
Address: 1900 N. BAYSHORE DRIVE, UNIT 4507  
City-St-Zip: MIAMI, FL 33132

Title: D  
Name: ARONS, ROBERT  
Address: 1900 N. BAYSHORE DRIVE, UNIT 2807  
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ABELARDO DOMINGUEZ

P

01/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date