

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752089

**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**8391429594CC**

**Entity Name:** THE TOWERS OF QUAYSIDE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE QUAYSIDE BLVD.  
MIAMI, FL 33138

**Current Mailing Address:**

ONE QUAYSIDE BLVD.  
MIAMI, FL 33138

**FEI Number: 59-2023759**

**Certificate of Status Desired: No**

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

DAVIS, THOMAS  
ONE QUAY BLVD  
MIAMI, FL 33138 US

*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

**Officer/Director Detail :**

Title           PRESIDENT  
Name           REYES, JORGE  
Address        3006 QUAYSIDE LANE  
City-State-Zip: MIAMI FL 33138

Title           DIRECTOR  
Name           WARREN, ROBERT  
Address        4000 TOWERSIDE TERR.  
                  APT. 808  
City-State-Zip: MIAMI FL 33138

Title           TREASURER  
Name           HOROWITZ, ADAM  
Address        1000 QUAYSIDE TERR. PH05  
City-State-Zip: MIAMI FL 33138

Title           DIRECTOR  
Name           GALBUT, JOYCE  
Address        10661 QUAYBRIDGE CT.  
City-State-Zip: MIAMI FL 33138

Title           SECRETARY  
Name           SOTO, ALINA  
Address        1000 QUAYSIDE TERRACE  
                  APT. 2103  
City-State-Zip: MIAMI FL 33138

Title           DIRECTOR  
Name           JACOBS, RICHARD  
Address        1000 QUAYSIDE TERR.  
                  704  
City-State-Zip: MIAMI FL 33138

Title           DIRECTOR  
Name           MEYER, STEPHEN  
Address        4000 TOWERSIDE TERR  
                  PH07  
City-State-Zip: MIAMI FL 33138

Title           DIRECTOR  
Name           TOMASSI, GIANNI  
Address        4000 TOWERSIDE TERRACE  
                  APT.408  
City-State-Zip: MIAMI FL 33138

*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: JORGE REYES**

**PRESIDENT**

**06/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date