

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008946

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

**FILED**  
**Mar 13, 2015**  
**Secretary of State**  
**CC8044994404**

**Current Principal Place of Business:**

1900 N. BAYSHORE DRIVE  
1259  
MIAMI, FL 33132

**Current Mailing Address:**

1900 N. BAYSHORE DRIVE  
1259  
MIAMI, FL 33132

**FEI Number: 26-1500248**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE, 11TH FLOOR  
CORAL GABLES, FL 33134 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           TREASURER  
Name           TUTT, DOUGLAS  
Address        1900 N. BAYSHORE DRIVE  
City-State-Zip: MIAMI FL 33132

Title           PRESIDENT  
Name           VOELKER, SCOTT  
Address        1900 N. BAYSHORE DRIVE  
City-State-Zip: MIAMI FL 33132

Title           DIRECTOR  
Name           NELSON, SUE  
Address        1900 N BAYSHORE DRIVE  
City-State-Zip: MIAMI FL 33132

Title           VP  
Name           NORMANDIN , DAN  
Address        1900 NORTH BAYSHORE DRIVE  
City-State-Zip: MIAMI FL 33132

Title           SECRETARY  
Name           BARREIRO-FUTTERMAN, MARIA  
Address        1900 NORTH BAYSHORE DRIVE  
City-State-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: SCOTT VOELKER**

**PRESIDENT**

**03/13/2015**

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

\_\_\_\_\_  
Date