

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N07000008950

**Entity Name:** QUANTUM ON THE BAY CONDOMINIUM NORTH ASSOCIATION, INC

**FILED**  
**Aug 06, 2014**  
**Secretary of State**  
**CC8232190308**

**Current Principal Place of Business:**

1900 NORTH BAYSHORE DRIVE  
1259  
MIAMI, FL 33132

**Current Mailing Address:**

1900 NORTH BAYSHORE DRIVE  
1259  
MIAMI, FL 33132

**FEI Number: 26-1500379**

**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 DIRECTOR  
Name CESPEDES , EVA  
Address 1900 NORTH BAYSHORE DRIVE  
City-State-Zip: MIAMI FL 33132  
  
Title VP  
Name DELER, MARK  
Address 1900 NORTH BAYSHORE DR UNIT  
2518  
City-State-Zip: MIAMI FL 33132  
  
Title T  
Name ALFINITO, RINALDO  
Address 1900 N BAYSHORE DR UNIT 2912  
City-State-Zip: MIAMI FL 33132

Title SECRETARY  
Name HERRERA-FERNANDEZ, FERNANDO  
Address 1900 N BAYSHORE DR. UNIT 3612  
City-State-Zip: MIAMI FL 33132  
  
Title PRESIDENT  
Name PRUITT, ERVIN  
Address 1900 N BAYSHORE DR UNIT1712  
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: ERVIN PRUITT**

**PRESIDENT**

**08/06/2014**

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

\_\_\_\_\_  
Date