

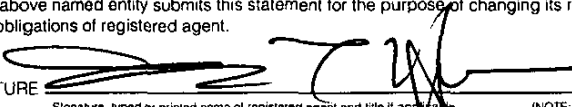
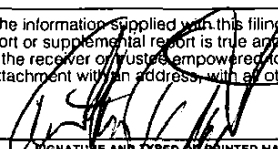


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90044 032 ****61.25

DOCUMENT # 752090 1. Entity Name THE TOWERS OF QUAYSIDE NO. 1 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1000 QUAYSIDE TERR TOWER ONE MIAMI, FL 33138 US			Mailing Address 1000 QUAYSIDE TERR TOWER ONE MIAMI, FL 33138 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 396 Alhambra Circle			
Suite, Apt. #, etc. 230		Suite, Apt. #, etc. 230		04272007 Chg-NP CR2E037 (12/06)	
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 59-2023750	
Zip 33134		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE, STE. 1102 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Hyman Spector & Maus LLP Street Address (P.O. Box Number is Not Acceptable) 150 W. FLAGLER ST SUITE 2701 City MIAMI FL 33130	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 4/30/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LICHTER, SOLOMON DR 1000 QUAYSIDE TERRACE #2012 MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVINE, STEVE 1000 QUAYSIDE TERRACE #2112 MIAMI, FL 33138	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDY, DUARD 1000 QUAYSIDE TERR 502 MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD D'ERRICO, JOHN 1000 QUAYSIDE TERRACE #1107 MIAMI, FL 33138	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, FRANK MR. 1000 QUAYSIDE TERR 1406 MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRUITT, DENNIS 1000 QUAYSIDE TERRACE #1502 MIAMI, FL 33138	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ERRICO, JOHN 1000 QUAYSIDE TERR 1107 MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LEMURA, ARMAND 1000 QUAYSIDE TERR MIAMI, FL 33138	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARTHUR, AUGUST 1000 QUAYSIDE TERR 1206 MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUGUST, ARTHUR 1000 QUAYSIDE TERR #1206 MIAMI, FL 33138	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/27/07 <small>Date Daytime Phone #</small>	