

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 29, 2009**  
**Secretary of State**

DOCUMENT# 752090

**Entity Name:** THE TOWERS OF QUAYSIDE NO. 1 CONDOMINIUM ASSOCI-ATION, INC.**Current Principal Place of Business:**1000 QUAYSIDE TERR  
TOWER ONE  
MIAMI, FL 33138 US**New Principal Place of Business:****Current Mailing Address:**396 ALHAMBRA CIR  
SUITE 230  
CORAL GABLES, FL 33134 US**New Mailing Address:****FEI Number:** 59-2023750**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HYMAN SPECTOR & MAIS,LLP  
150 WEST FLAGLER ST  
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: D ( ) Delete  
Name: SOKOL, ANTHONY  
Address: 1000 QUAYSIDE TERR. #806  
City-St-Zip: MIAMI, FL 33138

Title: T ( ) Delete  
Name: POWELL, JEFFREY  
Address: 1000 QUAYSIDE TERRACE #1701  
City-St-Zip: MIAMI, FL 33138

Title: S ( ) Delete  
Name: PASCAL, JODI  
Address: 1000 QUAYSIDE TERR  
City-St-Zip: MIAMI, FL 33138

Title: VP ( ) Delete  
Name: SERLICK, JEFFREY  
Address: 1000 QUAYSIDE TERR #1701  
City-St-Zip: MIAMI, FL 33138

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: SNOKE, ANDY  
Address: 1000 QUAYSIDE TERR #1706  
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANDY SNOKE

P

10/29/2009

Electronic Signature of Signing Officer or Director

Date