

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 30, 2010
Secretary of State

DOCUMENT# 752090

Entity Name: THE TOWERS OF QUAYSIDE NO. 1 CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1000 QUAYSIDE TERR
TOWER ONE
MIAMI, FL 33138 US**New Principal Place of Business:****Current Mailing Address:**1000 QUAYSIDE TERRACE
MANAGEMENT OFFICE
MIAMI, FL 33138 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:**ROSS M. JOHNSTON, ESQ.
1000 QUAYSIDE TERRACE
UNIT #1412
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: ROSS M. JOHNSTON, ESQ.

06/30/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: CIMETTA, HENRY
Address: 1000 QUAYSIDE TERR. #812
City-St-Zip: MIAMI, FL 33138

Title: VP
Name: JOHNSTON, LINDA
Address: 1000 QUAYSIDE TERRACE #1412
City-St-Zip: MIAMI, FL 33138

Title: S
Name: GRAHAM, ALAN
Address: 1000 QUAYSIDE TERR #608
City-St-Zip: MIAMI, FL 33138

Title: T
Name: FERBER, STAN
Address: 1000 QUAYSIDE TERR # 801
City-St-Zip: MIAMI, FL 33138

Title: D
Name: LEMURA, ARMAND
Address: 1000 QUAYSIDE TERR #1706
City-St-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: HENRY CIMETTA

PRES

06/30/2010

Electronic Signature of Signing Officer or Director_____
Date