

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760403 (6)
1. Corporation Name
QUIET WATERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% JACK TANENBAUM, CPA
9180 OAKHURST ROAD, SUITE 3B
SEMINOLE FL 34646

3. Date Incorporated or Qualified **10/13/1981** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Zip
24 Country **25** Country **29** Country **30** Country

4. FEI Number **59-2138427** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TANENBAUM, JACK H CPA
9180 OAKHURST ROAD, SUITE 3B
SEMINOLE FL 34646

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURIELLO, FLAVIO C	1.2 NAME	EDWARD JOHNSON
STREET ADDRESS	19931 GULF BLVD., APT. 4-E	1.3 STREET ADDRESS	19931 GULF BLVD. APT. B3
CITY-ST-ZIP	INDIAN SHORES FL 34635	1.4 CITY-ST-ZIP	INDIAN SHORES, FL 34635
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRO, DR. WAYNE	2.2 NAME	
STREET ADDRESS	19931 GULF BLVD., APT. 3-D	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 34635	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMELSER, DON	3.2 NAME	
STREET ADDRESS	19931 GULF BLVD., APT. 4-F	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 34635	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVO, JOSEPH	4.2 NAME	
STREET ADDRESS	1155 AVO RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCHENECTADY NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, JOSEPH	5.2 NAME	
STREET ADDRESS	7 MILLHOUSE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne B. Barro Jan 23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)