


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760403 (6)**  
1. Corporation Name  
**QUIET WATERS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>% JACK TANENBAUM, CPA 9180 OAKHURST ROAD, SUITE 3 SEMINOLE FL 33776</b>	Mailing Address <b>% JACK TANENBAUM, CPA 9180 OAKHURST ROAD, SUITE 3 SEMINOLE FL 33776</b>
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3. Date Incorporated or Qualified <b>10/13/1981</b>	
4. FEI Number <b>59-2138427</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>C/O JACK TANENBAUM CPA</b> Suite, Apt. #, etc. 22 <b>9180 OAKHURST RD STE 3</b> City & State 23 <b>SEMINOLE FL</b> Zip 24 <b>33776</b>	2a. Mailing Address 26 <b>C/O JACK TANENBAUM CPA</b> Suite, Apt. #, etc. 27 <b>9180 OAKHURST RD STE 3</b> City & State 28 <b>SEMINOLE FL</b> Zip 29 <b>33776</b>	Country 30 <b>U S A</b>
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9. Name and Address of Current Registered Agent <b>TANENBAUM, JACK H CPA 9180 OAKHURST ROAD, SUITE 3 SEMINOLE FL 33776</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P MAURIELLO, FLAVIO C 19931 GULF BLVD., APT. 4-E INDIAN SHORES FL 34835</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHANDRASHEKAR, K 19931 GULF BLVD, #4-D INDIAN SHORES FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, EDWARD 19931 GULF BLVD., APT. B3 INDIAN SHORES FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SALVO, JOSEPH 1155 AVO RD. SCHENECTADY NY</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TATE, JOSEPH 7 MILLHOUSE LANE CHERRY HILL NJ</b>	<input type="checkbox"/> DELETE	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>VP MAURIELLO, FLAVIO 19931 GULF BLVD APT 4E INDIAN SHORES FL 33785</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D GILBERT, CATHY 19931 GULF BLVD APT 2E INDIAN SHORES FL 33785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T JOHNSON, EDWARD 19931 GULF BLVD APT B3 INDIAN SHORES FL 33785</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>P SALVO, JOSEPH 1155 AVO RD SCHENECTADY NY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D VIZZARI, JOSEPH 19931 GULF BLVD APT E5 INDIAN SHORES FL 33785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa 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: *Joseph J. Salvo* *Sandra B. Mortham* *2/24/98*

CP2E037 (10/97)