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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 760403**

Suite, Apt. #, etc.

City & State

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Zip

## QUIET WATERS CONDOMINIUM ASSOCIATION, INC.

Country

Principal Place of Business	Mailing Address		
% JACK TANENBAUM. CPA 9180 OAKHURST ROAD. SUITE 3B SEMINOLE FL 33776 US	% JACK TANENBAUM. CPA 9180 OAKHURST ROAD. SUITE 3B SEMINOLE FL 33776 US		
2. Dringing Blace of Business	2a Mailing Address	_	

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Zip

Suite, Apt. #, etc.

City & State



03-02-1999 90075 024 \*\*\*\*61.25

|--|--|--|--|--|--|--|

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10/13/1981

59-2138427

4. FEI Number

			F1		<b>-</b>	<del>                                  </del>	,
4	25	29	30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
				81 Name			
TANENDAI	UM, JACK H CPA			82 Street Ad	dress (P.O. Box Number is Not Acceptable	le)	
				oz Street Au	areas (1a. box manipul is not rescaptab		
	HURST ROAD, SUITE 3B			83			
SEMINULE	FL 34646						
				84 City		FL 85 Zip C	_
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	f Florida. Such change	was authorized	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its the appointment as reg	registered Jistered
SIGNATURE		100 W	(NOTE: Designed	A nearl ninnature recu	lind when reinstation)	DATE	
10	Signature, typed or printed name of registered agent		(NOTE: Registered	Agent Signature requ	and when reinstating)  ADDITIONS/CHANGES TO OFFI		RS IN 12
12.	OFFICERS AND	DELE		·	·	☐ Change	X Addition
TITLE	VP				D		40
NAME	MAURIELLO, FLAVIO C		1.2 NA	1	JOHN R FOX		
STREET ADDRESS	19931 GULF BLVD., APT. 4-E		1.3 ST	REET ADDRESS	19931 GULF BLVD E-2		
CITY-ST-ZIP	INDIAN SHORES FL 33785			Y-ST-ZIP	INDIAN SHORES FL 33	3785	TT A JUSTICE
TITLE	D	□X DELE	TE 2.1 TI	LE	D	Change	X Addition
NAME	CHANDRASHEKAR, K		2.2 NA	ME	JOSEPH VIZZARI		
STREET ADDRESS	19931 GULF BLVD, #4-D		2.3 ST	REET ADDRESS	•		
CITY-ST-ZIP	INDIAN SHORES FL		2. 4 C	TY-ST-ZIP	19931 GULF BLVD #E5 INDIAN SHORES FL 337	85	
TITLE	T	[X DELE	TE 3.1 TI	LE		☐ Change	Addition
NAME	JOHNSON, EDWARD		3.2 NA	ME			
	19931 GULF BLVD., APT. B3		33 ST	REET ADDRESS			
CITY-ST-ZIP	INDIAN SHORES FL 33785			TY-ST-ZIP			
TITLE	P	□ DELE				☐ Change	Addition
	•		4. 2 N				
NAME	SALVO, JOSEPH			REET ADDRESS			
	1155 AVO RD.						
CITY-ST-ZIP	SCHENECTADY NY	XDELE		Y-ST-ZIP	·	☐ Change	☐ Addition
TITLE	D	LADELE	5.1 III 5.2 NA	<b>I</b>			
NAME	TATE, JOSEPH			REET ADDRESS			
STREET ADDRESS	7 MILLHOUSE LANE						
CITY-ST-ZIP	CHERRY HILL NJ	·		ry-st-zip			CT 4 Jay
TITLE	D	<b>™</b> DELE				Change	Addition
NAME	GILBERT, CATHY		6.2 NA	ME			
STREET ADDRESS	19931 GULF BLVD APT 2E		6.3 ST	REET ADDRESS			
CITY, ST. 7IP	INDIAN SHORES EL 33785			TY-ST-ZIP			
14 Lhorobics	certify that the information supplied with	this filing does not gue	lify for the ever	notion etated in	Section 119 07(3)(i) Florida Statutes Lt	urther certify that the is	nformation

Country

indicated on this annual report of supplemental annual report is due and accurate and that my signature shall have the same regardined as it made under oan, 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, with all other like empowered.

elo Islaido Utilia de de OUPSER ON SALVO PRES 0621-99 727-596-9696

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable