

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90092 005 ****61.25

DOCUMENT # 760403

1. Entity Name

QUIET WATERS CONDOMINIUM ASSOCIATION, INC.

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 33776-2109
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2138427

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TANENBAUM, JACK H CPA
9180 OAKHURST ROAD, SUITE 3B
SEMINOLE FL 34646

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, JOHN R 19931 GULF BLVD E-2 INDIAN SHORES FL 33785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIZZARI, JOSEPH 19931 GULF BLVD E-5 INDIAN SHORES FL 33785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, EDWARD 19931 GULF BLVD., APT. B3 INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALVO, JOSEPH 1155 AVO RD. SCHENECTADY NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, JOSEPH 7 MILLHOUSE LANE CHERRY HILL NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, CATHY 19931 GULF BLVD APT 2E INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, JOHN R 19931 GULF BLVD E2 INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOD, BARRY 19931 GULF BLVD A4 INDIAN SHORES FL 33785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURIELLO, FLAVIO 58 BAYRD ST MALDEN MA 02148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVO, JOSEPH 1155 AVO RD SCHENECTADY NY 12308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T TATE, JOSEPH 7 MILLHOUSE LANE CHERRY HILL NJ 08003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILL, CRAIG 19931 GULF BLVD BS INDIAN SHORES FL 33785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JOHN R. FOX, PRESIDENT*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/00

Date

(727) 596-9696

Daytime Phone #

CR2E037 (9/99)