

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000424

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** THE TOWNHOMES OF QUAYSIDE - BAYFRONT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

660 NE 95 STREET  
SUITE 7  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

660 NE 95 STREET  
SUITE 7  
MIAMI SHORES, FL 33138

**New Mailing Address:**

**FEI Number:** 13-4235737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRLD, INC  
201 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DERRER, WILLIAM R  
Address: 5010 QUAYSIDE TERRACE  
City-St-Zip: MIAMI, FL 33138

Title: DV ( ) Delete  
Name: IMBURGIA, LOUIS  
Address: 5021 LONDON WALK  
City-St-Zip: MIAMI, FL 33138

Title: DST ( ) Delete  
Name: HEFFERMAN, WILLIAM  
Address: 5012 QUAYSIDE TERRACE  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM R. DERRER

PD

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date