

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 28, 2009
Secretary of State**

DOCUMENT# N07000008947

Entity Name: QUANTUM ON THE BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1200 BRICKELL AVENUE
SUITE 1800
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL AVENUE
SUITE 1800
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-1500448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLAZER AND ASSOCIATES, P.A.
3113 STIRLING ROAD
HOLLYWOOD, FL 33312 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: VPD () Delete
Name: ORTIZ, JENNIFER
Address: 1200 BRICKELL AVENUE, SUITE 1800
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: MARQUEZ, ANNETTE
Address: 1200 BRICKELL AVENUE, SUITE 1800
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: PIAZZA, MICHAEL
Address: 1200 BRICKELL AVENUE, SUITE 1800
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: NIETO, NATALIE
Address: 1200 BRICKELL AVENUE, SUITE 1800
City-St-Zip: MIAMI, FL 33131

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: ANNETTE MARQUEZ

SD

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date