

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008947

FILED
Feb 05, 2010
Secretary of State

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

Current Principal Place of Business:

1900 NORTH BAYSHORE DRIVE
MIAMI, FL 33132

New Principal Place of Business:

1900 NORTH BAYSHORE DRIVE
1259
MIAMI, FL 33132

Current Mailing Address:

1900 NORTH BAYSHORE DRIVE
MIAMI, FL 33132

New Mailing Address:

1900 NORTH BAYSHORE DRIVE
1259
MIAMI, FL 33132

FEI Number: 26-1500448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: P
Name: MARTIN, ANNETTE
Address: 1200 BRICKELL AVENUE, SUITE 1800
City-St-Zip: MIAMI, FL 33131

Title: VP
Name: PIAZZA, MICHAEL
Address: 1200 BRICKELL AVENUE, SUITE 1800
City-St-Zip: MIAMI, FL 33131

Title: S
Name: ORTIZ, JENNIFER
Address: 1200 BRICKELL AVENUE, SUITE 1800
City-St-Zip: MIAMI, FL 33131

Title: T
Name: DOMINGUEZ, ABERLARDO
Address: 1900 NORTH BAYSHORE DRIVE UNIT 1511
City-St-Zip: MIAMI, FL 33132

Title: D
Name: SILVA, EDUARDO
Address: 1900 NORTH BAYSHORE DRIVE UNIT 2917
City-St-Zip: MIAMI, FL 33132

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL PIAZZA

P

02/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date