

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752089

FILED
Feb 07, 2025
Secretary of State
6427193535CC**Entity Name:** THE TOWERS OF QUAYSIDE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**ONE QUAYSIDE BLVD.
MIAMI, FL 33138**Current Mailing Address:**ONE QUAYSIDE BLVD.
MIAMI, FL 33138**FEI Number: 59-2023759****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DAVIS, THOMAS
ONE QUAY BLVD
MIAMI, FL 33138 US*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**Officer/Director Detail :**Title DIRECTOR
Name BREJT, SAM
Address 3004 NE QUAYSIDE LANE
City-State-Zip: MIAMI FL 33138Title DIRECTOR
Name WARREN, ROBERT
Address 4000 TOWERSIDE TERR.
APT. 808
City-State-Zip: MIAMI FL 33138Title DIRECTOR
Name TRUJILLO, REINALDO
Address 2000 TOWERSIDE TERRACE
1907
City-State-Zip: MIAMI FL 33138Title DIRECTOR
Name GROSSMAN, GREGG
Address TOWERS OF QUAYSIDE HOA
ONE NE QUAY BLVD.
City-State-Zip: MIAMI FL 33138Title VP
Name PASCAL, JODI
Address 3021 NE QUAYSIDE LANE
City-State-Zip: MIAMI FL 33138Title PRESIDENT
Name MONTGOMERY, ROGER
Address 2000 QUAYSIDE TERRACE
401
City-State-Zip: MIAMI FL 33138Title DIRECTOR
Name MECHANIC, STEVEN
Address 4000 TOWERSIDE TERRACE
511
City-State-Zip: MIAMI FL 33138Title TREASURER
Name MIZE, ROXY
Address 1000 TOWERSIDE TERR
703
City-State-Zip: MIAMI FL 33138**Continues on page 2**

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: ANDREI TRACH**SECRETARY****02/07/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	TRACH, ANDREI
Address	1000 TOWERSIDE TERR
City-State-Zip:	MIAMI FL 33138