2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State
03-17-2004 90008 011 ****61.25

DOCUMENT # N44638

1. Entity Name
THE TOWERS AT PONCE INLET COMMUNITY SERVICES ASSOCIATION, INC.

44018640

Principal Place of Business	Mailing Address
4545 S. ATLANTIC AVE AUITE 3000 PONCE INLET, FL 32127 US	4545 S. ATLANTIC AVE. SUITE 3000 PONCE INLET, FL 32127 US

01232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
4545 S. ATLANTIC AVE	
Suite, Apt. #, etc. SUITE 3000	Suite, Apt. #, etc.
City & State PONCE INLET, FL	City & State
Zip 32127	Zip
Country US	Country

4. FEI Number
59-3079721
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YANCEY, JIM
4535 S ATLANTIC AVE
UNIT 2501
PONCE INLET, FL 32127

7. Name and Address of New Registered Agent

Name: HUGO, EMILY
Street Address (P.O. Box Number is Not Acceptable): 4555 S. ATLANTIC AVE #4608
City: PONCE INLET FL Zip Code: 32127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: EMILY HUGO Emily Y Hugo 1/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YANCEY, JIM 4535 S ATLANTIC, UNIT 2501 PONCE INLET, FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUGO, EMILY 4555 S. ATLANTIC AVE #4608 PONCE INLET, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HUGO, EMILY 4555 S. ATLANTIC AVE, #4608 PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEWMAN, MARVIN 4575 S. ATLANTIC AVE #6106 PONCE INLET, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T INFANTINO, ANGELO 4535 S ATLANTIC, UNIT 2104 PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVER, DEANO 4555 S. ATLANTIC AVE #4508 PONCE INLET, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARCUM, GREGORY 4575 S. ATLANTIC AVE, #6407 PONCE INLET, FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAUGHERTY, MARGARET 4525 S. ATLANTIC AVE #1104 PONCE INLET, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAQUETTE, RENE 4565 S. ATLANTIC AVE, #5103 PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHISLER, JAMES 4545 S. ATLANTIC AVE, #3602 PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ANGELO INFANTINO 1/24/04 386/756-7574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #