2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# N04000009424

Entity Name: THE PONCE TOWER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1804 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1804 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1736194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATRICIA KIMBALL FLECTER, P.A.
C/O DUANE MORRIS, LLP
200 SOUTH BISCAYNE BLVD STE 3400
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

VILLA SALES CENTER
1804 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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: JUAN CARLOS MENENDEZ 01/20/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MENENDEZ, JUAN C
Address: 1804 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: DV ( ) Delete
Name: PINO, SERGIO
Address: 7270 N.W. 12TH STREET STE 410
City-St-Zip: MIAMI, FL 33126

Title: DST ( ) Delete
Name: AGUILLERA, NANCY
Address: 1804 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

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 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 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: JUAN CARLOS MENENDEZ DP 01/20/2005
Electronic Signature of Signing Officer or Director Date