

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90040 033 ****61.25

DOCUMENT # 726473 1. Entity Name PONCE DE LEON TOWERS, INC.					
Principal Place of Business 3501 SOUTH ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169-3629			Mailing Address 3501 SOUTH ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169-3629		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		01172008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1555509				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOZAK, STAN 3501 S ATLANTIC AVENUE, #208 NEW SMYRNA BEACH, FL 32169			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete BATEMM, EUNICE 5990 BARNES RD. EATON RAPIDS, MI 48827		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ms. Michael Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3501 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 President	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Delete ANGUIN, JOHN ANGEVIEW ROAD WARREN, CT 06754		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. John Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9320 HIGHWAY 190 N BAYAM CENTER, MI 48315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOW, BARBARA 3501 SOUTH ATLANTIC AVENUE #504 NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete TUSCANO, WENDY 1812 PEPPERIDGE DR ORLANDO, FL 32804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary <input type="checkbox"/> Delete GODBOLD, LOUIZ 227 N. BOYD ST. WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KENWOOD, MARY 302 CHERRYWOOD LN EDGEWATER, FL 32132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Michael E Treas</u> MICHAEL E TREAS (PRESIDENT) 1/18/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					