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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44473 (9)

1. Corporation Name

THE TOWERS AT PONCE INLET, TOWER I, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4545 S. ATLANTIC AVE BOX 3000 PONCE INLET FL 32127 US	4545 S ATLANTIC AVE BOX 3000 PONCE INLET FL 32127-7042 US

3. Date Incorporated or Qualified: 07/25/1991
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3080352 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARK, KENNETH P.
4545 S. ATLANTIC AVE.
UNIT 3504
PONCE INLET FL 32127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PARK, KENNETH P.		1.2 NAME		
STREET ADDRESS	4545 S. ATLANTIC AVE UNIT 3504		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	IDDINGS, JOHN S.		2.2 NAME	REISINGER TOM	
STREET ADDRESS	4545 S. ATLANTIC AVE UNIT 3303		2.3 STREET ADDRESS	4545 S. ATLANTIC AVE # 3103	
CITY-ST-ZIP	PONCE INLET FL		2.4 CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELIZABETH REISINGER		3.2 NAME		
STREET ADDRESS	4545 S ATLANTIC AVE UNIT 3103		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET FL		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	BLASS, ANTHONY		4.2 NAME		
STREET ADDRESS	4545 S. ATLANTIC AVE UNIT 3603		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D/SEC.	☐ Change ☒ Addition
NAME	REISINGER, TOM		5.2 NAME	LINDA BUTTS	
STREET ADDRESS	4545 S. ATLANTIC AVE. UNIT 3103		5.3 STREET ADDRESS	4545 So. ATLANTIC AVE # 3602	
CITY-ST-ZIP	PONCE INLET FL		5.4 CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

_____ 4/2/97 _____