

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary  
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  
US

3. Date Incorporated or Qualified

07/25/1991

4. FEI Number

59-3080352

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0603, Florida Statutes.

SIGNATURE

KENNETH P. PARK 2/16/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME PARK, KENNETH P.  
STREET ADDRESS 4545 S. ATLANTIC AVE UNIT 3504  
CITY-ST-ZIP PONCE INLET FL

1.1 TITLE DPRESIDENT  
1.2 NAME PARK, KENNETH P  
1.3 STREET ADDRESS 4545 S. ATLANTIC AVE UNIT 3504  
1.4 CITY-ST-ZIP PONCE INLET, FL

TITLE VP  
NAME REISINGER, TOM  
STREET ADDRESS 4545 S ATLANTIC AVE, #3103  
CITY-ST-ZIP PONCE INLET FL

2.1 TITLE DVP ICE President  
2.2 NAME JOAN KERN  
2.3 STREET ADDRESS 4545 S. ATLANTIC AVE # 3503  
2.4 CITY-ST-ZIP PONCE INLET, FL

TITLE T  
NAME ELIZABETH REISINGER  
STREET ADDRESS 4545 S ATLANTIC AVE UNIT 3103  
CITY-ST-ZIP PONCE INLET FL

3.1 TITLE DT REISINGER  
3.2 NAME PETER FALCO  
3.3 STREET ADDRESS 4545 S. ATLANTIC AVE # 3304  
3.4 CITY-ST-ZIP PONCE INLET, FL

TITLE D  
NAME BLASS, ANTHONY  
STREET ADDRESS 4545 S. ATLANTIC AVE UNIT 3603  
CITY-ST-ZIP PONCE INLET FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DS  
NAME BUTTS, LINDA  
STREET ADDRESS 4545 S ATLANTIC AVE, #3802  
CITY-ST-ZIP PONCE INLET FL

5.1 TITLE DS  
5.2 NAME BUTTS, LINDA  
5.3 STREET ADDRESS 4545 S. ATLANTIC AVE #3602  
5.4 CITY-ST-ZIP PONCE INLET, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE: KENNETH P. PARK 2/30/98

CFR2037 (10/97)