NONPROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

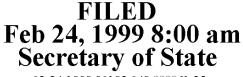
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N44473

1. Corporation Name

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



02-24-1999 90192 049 ****61.25

AUUUUII	411014, 1140.								
Principal Place of Business Mailing Address									
4545 S. ATLAN BOX 3000 PONCE INLET US		4545 S ATLANTIC AVE BOX 3000 PONCE INLET FL 32127 US							
2. Principal P	lace of Business	2a. Mailing Address				-3. Date incorporated or Qualifed			
21		26				07/25/1991			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number	•	App	lied For
22		27				59-3080352			Applicable
City & Stat	e	City & State				5. Certifcate of Status Desired		\$8.75 A	
23		28						Fee Rec	
Zíp	Country Zip Co		Country	Country		6. Election Campaign Financing		\$5.00 n	
24	25				Trust Fund Contribution Added to Fees				Fees
9. Name and Address of Current Registered Agent 81						10. Name and Address of New R	egistered A	gent	
,			81	Naı	me				-
PARK, KENNETH P.				Stre	et Addres	ss (P.O. Box Number is Not Accepta	ble)		
4545 S. ATLANTIC AVE.				<u> </u>		<u> </u>			
UNIT 3504			83	4					ì
	ILET FL 32127		84	Cit				85 Zip C	ode
			ľ	1 '			<u>FL</u>	1 1	
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 a		egistered Age	nt signa	ure required v	when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTOR	₹S IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE			ADDITION OF THE PARTY OF THE PA		Change	Addition
TITLE	PD		ı		i				
NAME	PARK, KENNETH P.		1.2 NAME						
STREET ADDRESS	4545 S. ATLANTIC AVE UNIT 350		1.3 STREE		:55				
CITY-ST-ZIP	PONCE INLET FL	☐ DELETE	1,4 CITY-1	ST-ZIP				Change	Addition
TITLE	DVP	☐ pereis	2.1 TITLE		- [
NAME	KERN, JOAN		2.2 NAME			• .			-
STREET ADDRESS	4545 S. ATLANTIC AVE #3503		2.3 STREE		ESS				
CITY-ST-ZIP	PONCE INLET FL	₩ DELETE	2.4 GITY-	ST-ZIP	67		_	Change	Addition
TITLE	DT	PST DECE 1E	3.1 TITLE		-	was Takerstone			
NAME	FALCO, PETER		3.2 NAME			25 S. ATLANTIC AV	E # 36	<i>•</i> 3	
STREET ADDRESS	4545 S. ATLANTIC AVE #3304		3.3 STREE		ESS 42	NCE INLET FL		•	}
CITY-ST-ZIP	PONCE INLET FL	C) Del ETE	3.4. CITY-	ST-ZIP	Po	NCR PROSE IA		Change	Addition
TITLE	DS	☐ DELETE	4.1 TITLE		- {				
NAME	BUTTS, LINDA		4. 2 NAME						
STREET ADDRESS	4545 S ATLANTIC AVE, #3602		4.3 STREE		ESS		•	•	j
CITY-ST-ZIP	PONCE INLET FL		4.4 CITY-	ST-ZIP				☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		1				
NAME	<u> </u>		5.3 STREE		Eee				
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	5.4 C/TY-: 6.1 TITLE	31-ZIP				Change	Addition
TITLE		广 nere⊥e	6.2 NAME				•		
NAME			6.3 STREE		FSS				1
STREET ADDRESS			6.4 CITY-					•	,
CITY_ST_7ID			■ 0.4 CH (*-)	21-4H	1				

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, with all other like empowered.

SIGNATURE: