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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90192 049 ****61.25

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DOCUMENT # N44473

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/25/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3080352 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	PD	☐ 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	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KERN, JOAN		2.2 NAME		
STREET ADDRESS	4545 S. ATLANTIC AVE #3503		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET FL		2.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	FALCO, PETER		3.2 NAME	JAMES JOHNSTON	
STREET ADDRESS	4545 S. ATLANTIC AVE #3304		3.3 STREET ADDRESS	4545 S. ATLANTIC AVE #3603	
CITY-ST-ZIP	PONCE INLET FL		3.4 CITY-ST-ZIP	PONCE INLET FL	
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUTTS, LINDA		4.2 NAME		
STREET ADDRESS	4545 S ATLANTIC AVE, #3602		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (11/98)

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: KENNETH P. PARK 1/13/99 904-756-7574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #