FILED

## \*2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2001 8:00 am **DOCUMENT # N44473 Secretary of State** 1. Entity Name THE TOWERS AT PONCE INLET, TOWER I, CONDOMINIUM 01-23-2001 90133 042 \*\*\*\*61.25 Principal Place of Business Mailing Address 4545 S. ATLANTIC AVE 4545 S ATLANTIC AVE BOX 3000 BOX 3000 PONCE INLET FL 32127 607109 PONCE INLET FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3080352 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PARK, KENNETH P. 4545 S. ATLANTIC AVE. **UNIT 3504** Zip Code City PONCE INLET FL 32127 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11, Addition TITLE Delete TITLE PARK, KENNETH P. NAME NAME 4545 S. ATLANTIC AVE UNIT 3504 STREET ADDRESS STREET ADDRESS PONCE INLET FL CITY-ST-ZIP CITY-ST-ZIP JIM PHELAN Delete TITLE TITLE 4545 S. ATLANTIC AVE # 3601 KERN, JOAN NAME NAME STREET ADDRESS 4545 S. ATLANTIC AVE #3503 STREET ADDRESS PONCE TALET FL 32127 CITY-ST-ZIP PONCE INLET FL CITY-ST-ZIP Change Delete TITLE JOHNSTON, JAMES NAME NAME 4545 S. ATLANTIC AVE #3603 STREET ADDRESS STREET ADDRESS PONCE INLET FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE **BUTTS, LINDA** NAME NAME 4545 S ATLANTIC AVE, #3602 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONCE INLET FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE FALCO, DOROTHY NAME NAME 4545 SOUTH ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS PONCE INLET FL 32127 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.