2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State
03-17-2004 90025 040 ****61.25

DOCUMENT # N44473

1. Entity 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

Z4U64UD1

01262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

PARK, MARGARET
4545 S. ATLANTIC AVE, 3504
PONCE INLET, FL 32127

7. Name and Address of New Registered Agent

Name ALICE M. MURABITO
Street Address (P.O. Box Number is Not Acceptable) 4545 S. ATLANTIC AVE. # 3405
City PONCE INLET **FL** Zip Code 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE alice m murabito 01/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARK, MARGARET 4545 S. ATLANTIC AVE UNIT 3504 PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARGARET PARK 4545 S. ATLANTIC AVE. # 3504 PONCE INLET, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PHELAN, JIM 4545 S ATLANTIC AV 3601 PONCE INLET, FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TED BIEWEND 4545 S. ATLANTIC AVE. # 3503 PONCE INLET, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FALCO, DOROTHY 4545 ATLANTIC AV 3304 PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHISUIER, JAMES 4545 S. ATLANTIC AVE, 3602 PORT INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES SCHISLER 4545 S. ATLANTIC AVE. # 3602 PONCE INLET	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURABITO, ALICE 4545 S. ATLANTIC AVE., 3405 PORT INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALICE MURABITO 4545 S. ATLANTIC AVE. # 3405 PONCE INLET	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alice M Murabito ALICE M. MURABITO 01/27/04 386-760-4668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #