

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90053 046 ****61.25

DOCUMENT # N44473 1. Entity Name THE TOWERS AT PONCE INLET, TOWER I, CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4545 S. ATLANTIC AVE BOX 3000 PONCE INLET, FL 32127 US			Mailing Address 4545 S ATLANTIC AVE BOX 3000 PONCE INLET, FL 32127 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3080352	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURABITO, ALICE M 4545 S. ATLANTIC AVE, 3405 PONCE INLET, FL 32127				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARK, MARGARET		NAME		
STREET ADDRESS	4545 S. ATLANTIC AVE UNIT 3504		STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIEWEND, TED		NAME		
STREET ADDRESS	4545 S. ATLANTIC AVE, 3503		STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALCO, DOROTHY		NAME		
STREET ADDRESS	4545 ATLANTIC AV 3304		STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHISLER, JAMES		NAME	D- LANGSTON, HENRY	
STREET ADDRESS	4545 S. ATLANTIC AVE, 3602		STREET ADDRESS	4545 S. ATLANTIC AVE., UNIT 3505	
CITY-ST-ZIP	PORT INLET, FL 32127		CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURABITO, ALICE		NAME		
STREET ADDRESS	4545 S. ATLANTIC AVE., 3405		STREET ADDRESS		
CITY-ST-ZIP	PORT INLET, FL 32127		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: X Alice M Murabito <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/14/05 <small>Date</small>		386-760-4668 <small>Daytime Phone #</small>

40020255



02112005 Chg-NP CR2E037 (10/03)

Applied For

Not Applicable

FL