2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N44473 1. Entity Name 02-06-2006 90091 034 ****61.25 THE TOWERS AT PONCE INLET, TOWER I, CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4545 S. ATLANTIC AVE BOX 3000 4545 S ATLANTIC AVE BOX 3000 PONCE INLET FL 32127 PONCE INLET FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3080352 Not Applicable Zip 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 MURABITO, ALICE M 4545 S. ATLANTIC AVE, 3405 Street Address (P.O. Box Number is Not Acceptable) PONCE INLET FL 32127 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State The last with a ser ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS VD. Director Change ☐ Delete TITLE □ Addition PARK, MARGARET 4545 S. ATLANTIC AVE. UNIT 3504 PARK, MARGARET NAME NAME 4545 S. ATLANTIC AVE UNIT 3504 STREET ADDRESS STREET ADDRESS PONCE INLET FL 32127 PONCE INLET FL 32127 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BIEWEND, TED NAME NAME STREET ADDRESS 4545 S. ATLANTIC AVE, 3503 STREET ADDRESS CITY-ST-ZIP PONCE INLET FL 32127 CITY-ST-ZIP TITLE SD ☐ Delete ☐ Change ☐ Addition FALCO, DOROTHY NAME NAME 4545 ATLANTIC AV 3304 STREET ADDRESS STREET ADDRESS PONCE INLET FL 32127 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT TITLE D 💢 Delete TITLE Addition ROMANIK, DOMAND 4545 S. ATLANTIC AVE, WIT 3404 LANGSTON, HENRY NAME STREET ADDRESS 4545 S ATLANTIC AVE, UNIT 3505 STREET ADDRESS CITY-ST-ZIP PORT INLET FL 32127 CITY-ST-ZIP PONCE IN LET EL 32127 PD TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME MURABITO, ALICE MAME 4545 S. ATLANTIC AVE., 3405 STREET ADDRESS STREET ADDRESS PORT INLET FL 32127 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE Addition 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 exemptions contained in Section 119. 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 murabeto Alice M. MURABITO

1/15/06

FILED

Feb 06, 2006 8:00 am

386-760-4668