

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90183 004 ****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

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

**JOHNSTON, JAMES
4545 S. ATLANTIC AVE.
UNIT 3603
PONCE INLET FL 32127**

7. Name and Address of New Registered Agent

Name

PARK, MARGARET

Street Address (P.O. Box Number is Not Acceptable)

4545 S. ATLANTIC AVE. #3504

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Margaret E. Park

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/03

FILE NOW: FEE IS \$61.25

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

TITLE **VPD** ☐ Delete
NAME **PARK, MARGARET**
STREET ADDRESS **4545 S. ATLANTIC AVE UNIT 3504**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **T** ☐ Delete
NAME **PHELAN, JIM**
STREET ADDRESS **4545 S ATLANTIC AV 3601**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **PD** ☒ Delete
NAME **JOHNSTON, JAMES**
STREET ADDRESS **4545 S. ATLANTIC AVE #3603**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **SD** ☐ Delete
NAME **FALCO, DOROTHY**
STREET ADDRESS **4545 ATLANTIC AV 3304**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **PARK, MARGARET**
STREET ADDRESS **4545 S. ATLANTIC AVE, #3504**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SCHISLER, JAMES**
STREET ADDRESS **4545 S. ATLANTIC AVE, #3602**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE ☐ Change ☒ Addition
NAME **MURABITO, ALICE**
STREET ADDRESS **4545 S. ATLANTIC AVE, #3405**
CITY-ST-ZIP **PONCE INLET, FL 32127**

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:

Margaret E. Park

2/13/03

(386) 756-7574

CR2E037 (10/02)