

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

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90075 036 \*\*\*\*61.25

**DOCUMENT # N44638**

1. Entity Name

**THE TOWERS AT PONCE INLET COMMUNITY SERVICES  
ASSOCIATION, INC.**



Principal Place of Business

4545 S. ATLANTIC AVE  
SUITE 3000  
PONCE INLET FL 32127  
US

Mailing Address

4545 S. ATLANTIC AVE.  
SUITE 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

59-3079721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMILY, HUGO  
4555 S ATLANTIC AVE  
UNIT 4608  
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

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**  
**Due By May 1, 2006**

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 V  
NAME WALLING, BUZZ ☒ Delete  
STREET ADDRESS 4575 S. ATLANTIC AVE UNIT 6509  
CITY-ST-ZIP PONCE INLET FL 32127

TITLE P  
NAME HUGO, EMILY ☐ Delete  
STREET ADDRESS 4555 S. ATLANTIC AVE, #4608  
CITY-ST-ZIP PONCE INLET FL 32127

TITLE T  
NAME INFANTINO, ANGELO ☐ Delete  
STREET ADDRESS 4535 S ATLANTIC, UNIT 2104  
CITY-ST-ZIP PONCE INLET FL 32127

TITLE S  
NAME DAUGHTERY, PEGGY ☐ Delete  
STREET ADDRESS 4525 S. ATLANTIC AVE UNIT 1104  
CITY-ST-ZIP PONCE INLET FL 32127

TITLE D  
NAME BIRD, CLAUDE ☐ Delete  
STREET ADDRESS 4565 S. ATLANTIC AVE UNIT 5710  
CITY-ST-ZIP PONCE INLET FL 32127

TITLE D  
NAME FEZZA, PAT ☐ Delete  
STREET ADDRESS 4565 S. ATLANTIC AVE UNIT 5611  
CITY-ST-ZIP PONCE INLET FL 32127

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME DAY, ANTHONY  
STREET ADDRESS 4575 S. ATLANTIC AVE UNIT 6007  
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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Emily Hugo* *Emily Hugo*

*Jan 17 2006*