

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44638

FILED  
Apr 05, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3079721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INFANTINO, ANGELO J T  
4535 S ATLANTIC AVE  
UNIT 2104  
PONCE INLET, FL 32127 US

**Name and Address of New Registered Agent:**

INFANTINO, ANGELO J  
4535 S ATLANTIC AVE  
UNIT 2104  
PONCE INLET, FL 32127 US

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.

SIGNATURE: ANGELO INFANTINO

04/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROMANIK, DONALD  
Address: 4545 S. ATLANTIC AVE UNIT 3404  
City-St-Zip: PONCE INLET, FL 32127 US

Title: VP  
Name: LOMBARD, JUDY  
Address: 4535 S. ATLANTIC AVE UNIT 2305  
City-St-Zip: PONCE INLET, FL 32127 US

Title: T  
Name: INFANTINO, ANGELO  
Address: 4535 S ATLANTIC AVE UNIT 2104  
City-St-Zip: PONCE INLET, FL 32127

Title: D  
Name: PETTEYS, RODNEY  
Address: 4565 S. ATLANTIC AVE UNIT 5407  
City-St-Zip: PONCE INLET, FL 32127

Title: S  
Name: CAREY, HELEN  
Address: 4525 S. ATLANTIC AVE UNIT 1603  
City-St-Zip: PONCE INLET, FL 32127

Title: D  
Name: CLARK, ROBERT  
Address: 4555 S. ATLANTIC AVE UNIT 6604  
City-St-Zip: PONCE INLET, FL 32127 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANGELO INFANTINO

T

04/05/2011

Electronic Signature of Signing Officer or Director

Date