FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:23

DOCUMENT # N45536 (2)

1. Corporation Name

THE TOWERS AT PONCE INLET, TOWER II, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4525 S ATLANTIC AVE PONCE INLET FL 32127	4525 S ATLANTIC AVE PONCE INLET FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1991
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-3089817 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4535 S. ATLANTIC AVE	26 4535 S. ATLANTIC AVE
Suite, Apt. #, etc. 22 #2000	Suite, Apt. #, etc. 27 #2000
City & State 23 PONCE INLET, FL	City & State 28 PONCE INLET, FL
Zip / Country 24 32127 / 25 USA	Zip / Country 29 32127 / 30 USA

9. Name and Address of Current Registered Agent

CROSBY, VICTOR
4525 S ATLANTIC AVE
PONCE INLET FL 32127

10. Name and Address of New Registered Agent

31 Name: JANO, GEORGE B.
32 Street Address (P.O. Box Number is Not Acceptable): 4535 S. ATLANTIC AVE
33 #2504
34 City: PONCE INLET FL 35 Zip Code: 32127

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: GEORGE B. JANO, DIRECTOR — DATE: 3/20/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	DIMUCCI, SALVATORE	12 NAME	GUNN, DANIEL J.	
STREET ADDRESS	100 W DUNDEE RD	13 STREET ADDRESS	4535 S. ATLANTIC AVE., #2402	
CITY-ST-ZIP	PALATINE IL	14 CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	DIMUCCI, ANTHONY	22 NAME	COLE, MARY L.	
STREET ADDRESS	100 W DUNDEE RD	23 STREET ADDRESS	4535 S. ATLANTIC AVE., #2505	
CITY-ST-ZIP	PALATINE IL	24 CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	VIHELN, SID	32 NAME	GREGORY, BOBBY B.	
STREET ADDRESS	670 VIHLEN RD	33 STREET ADDRESS	4535 S. ATLANTIC AVE., #2405	
CITY-ST-ZIP	SANFORD FL	34 CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE		41 TITLE	D	☒ Change ☐ Addition
NAME		42 NAME	RHODES, EDWARD W., JR.	
STREET ADDRESS		43 STREET ADDRESS	4535 S. ATLANTIC AVE., #2501	
CITY-ST-ZIP		44 CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE: GEORGE B. JANO — 3/20/95 — 764-5744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000004