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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N45536 (2)

1. Corporation Name

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

Principal Place of Business	Mailing Address
4535 S. ATLANTIC AVE #2000 PONCE INLET FL 32127 US	4535 S. ATLANTIC AVE. #2000 PONCE INLET FL 32127 US

3. Date Incorporated or Qualified: 10/08/1991

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JANO, GEORGE B.
4535 S. ATLANTIC AVE.
#2504
PONCE INLET FL 32127

10. Name and Address of New Registered Agent

81 Name: EDWARD W. RHODES
82 Street Address (P.O. Box Number is Not Acceptable): 4535 S. ATLANTIC AVE.
83: #2501
84 City: PONCE INLET FL 85 Zip Code: 32127

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Edward W. Rhodes — 3-5-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MICHAEL WOLFE 4535 ATLANTIC AVE #2701 PONCE INLET FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TD LAWRENCE BALESTRA 4535 S. ATLANTIC AVE #2502 PONCE INLT, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YATES, GEORGE 4535 S ATLANTIC AVE #2304 PONCE INLET FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN CREGAN 4535 S ATLANTIC AVE #2403 PONCE INLET FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RHODES, EDWARD W 4535 S. ATLANTIC AVE., #2501 PONCE INLET FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GEORGE B JANO 4535 S ATLANTIC AVE #2504 PONCE INLET FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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 an address.

SIGNATURE: Edward W. Rhodes — 3-5-98 — (904)760-2181
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (OFFICER OR DIRECTOR) DATE Daytime Phone #