2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am DOCUMENT # **N45536 Secretary of State** 1. Entity Name 01-19-2000 90139 009 ****61.25 THE TOWERS AT PONCE INLET, TOWER II, CONDOMINIUM Principal Place of Business Mailing Address 4535 S. ATLANTIC AVE 4535 S. ATLANTIC AVE. 702442 #2000 #2000 PONCE INLET FL 32127-7075 PONCE INLET FL 32127 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3089817 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JANO, GEORGE B 4535 S ATLANTIC AVE #2504 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, 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition ☐ Delete TITLE TITLE ☐ Change BALESTRA, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 4535 S ALTANTIC AVE, #2502 CITY-ST-ZIP CITY-ST-7IP PONCE INLET FL 32127 TITI F SD ☐ Delete TITLE Change ☐ Addition YATES, GEORGE NAME STREET ADDRESS 4535 S ATLANTIC AVE #2304 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PONCE INLET FL TITLE ☐ Delete TITLE ☐ Change Addition JOHN CREGAN NAME NAME 4535 S ATLANTIC AVE #2403 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PONCE INLET FL Delete TITLE TITLE ☐ Change ■ Addition GEORGE B JANO NAME NAME STREET ADDRESS STREET ADDRESS 4535 S ATLANTIC AVE #2504 CITY-ST-ZIP CITY-ST-ZIP PONCE INLET FL SILVANA PUSSO PD ☐ Delete TITLE TITI F ☐ Change ☐ Addition NAME 4535 S. ATLANTICANE # 2705 NAME STREET ADDRESS STREET ADDRESS DONCE INLET FL. CITY-ST-ZIP CITY-ST-ZIP BOB REYNOLDS, V.P. Delete 4535 S. ATTANTIC AVE # 2402 TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS PONCE INCET A. CITY-ST-ZIP CITY-ST-ZIP

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