2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90074 023 ****61.25

DOCUMENT # N45536

1. Entity 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

02112005 Chg-NP CR2E037 (10/03)

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 59-3089817 ☐ 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
RUSSO, SILVANA 4535 S ATLANTIC AVE #2705 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

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS INFANTINO, ANGELO 4535 S ATLANTIC AVE UNIT 2104 PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T INFANTINO, ANGELO 4535 S. ATLANTIC AVE, UNIT 2104 PONCE INLET, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REYNOLDS, ROBERT 4535 S ATLANTIC AV #2402 PORT ORANGE, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUSSO, SILVANA 4535 S ATLANTIC AVE #2705 PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JANO, GEORGE 4535 S ATLANTIC AVE #2504 PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANO, GEORGE 4635 S. ATLANTIC AVE, UNIT 2504 PONCE INLET, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUJAN, MARIO 4535 S. ATLANTIC AVE, UNIT 2101 PONCE INLET, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #