2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N45536

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

4535 S. ATLANTIC AVE.
BOX 2000
PONCE INLET, FL 32127 US

New Mailing Address:

FEI Number: 59-3089817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RUSSO, SILVAVA P
4535 S ATLANTIC AVE
UNIT 2705
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: SILVANA RUSSO 03/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete
Name: REYNOLDS, ROBERT
Address: 4535 S. ATLANTIC AVE UNIT 2402
City-St-Zip: PORT ORANGE, FL 32127

Title: P ( ) Delete
Name: RUSSO, SILVANA
Address: 4535 S. ATLANTIC AVE UNIT 2705
City-St-Zip: PONCE INLET, FL 32127

Title: D ( ) Delete
Name: JANO, GEORGE
Address: 4635 S. ATLANTIC AVE UNIT 2504
City-St-Zip: PONCE INLET, FL 32127

Title: S ( ) Delete
Name: LUJAN, MARIO
Address: 4535 S. ATLANTIC AVE UNIT 2101
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: MCLEAN, ROBERT
Address: 4535 S. ATLANTIC AVE UNIT 2503
City-St-Zip: PONCE INLET, FL 32127

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SILVANA RUSSO P 03/04/2009
Electronic Signature of Signing Officer or Director Date