

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90283 004 ****61.25

DOCUMENT # N45536

1. Entity Name

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



Principal Place of Business

**4535 S. ATLANTIC AVE
#2000
PONCE INLET FL 32127
US**

Mailing Address

**4535 S. ATLANTIC AVE.
#2000
PONCE INLET FL 32127
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**RUSSO, SILVANA
4535 S ATLANTIC AVE
#2705
PONCE INLET FL 32127**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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	D LUTAN, MARIO 4535 S ATLANTIC AVE UNIT 2101 PONCE INLET FL 32127	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN CREGAN 4535 S ATLANTIC AVE #2403 PONCE INLET FL	☒ Delete
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	VP REYNOLDS, BRUCE 4535 S ATLANTIC AVE #2402 PONCE INLET FL 32127	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTAN, MARIO 4535 S. ATLANTIC AVE UNIT 2101 PONCE INLET FL 32127	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YATES, ANN 4535 S. ATLANTIC AVE UNIT 2304 PONCE INLET FL 32127	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

ANGELO J. INFANTINO 2/4/03 386-304-9021

CR2E037 (10/02)