2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003411

FILED Apr 29, 2007 Secretary of State

Entity Name: THE TOWERS AT PONCE INLET, TOWER III CONDOMINIUM ASSOCIATION, IN.

Current Principal Place of Business: New Principal Place of Business:

4525 SOUTH ATLANTIC AVENUE 4525 S. ATLANTIC AVE

STE. 1000 **BOX 1000**

PONCE INLET, FL 32127 PONCE INLET, FL 32127

Current Mailing Address: New Mailing Address:

4525 SOUTH ATLANTIC AVENUE 4525 S. ATLANTIC AVE STE. 1000 **BOX 1000**

PONCE INLET, FL 32127 PONCE INLET, FL 32127

FEI Number: 59-3220687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCARROL, FRANKIE MCCARROL, FRANKIE 4525 SOUTH ATLANTIC AVE 1606 4525 S. ATLÁNTIC AVE

PONCE INLET, FL 32127 1606 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:

04/29/2007 Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MCCARROL, FRANKIE MCCARROLL, FRANKIE Name: Name: 4525 S. ATLANTIC AVE. #1606 Address: 4525 S. ATLANTIC AVE. #1606 Address:

City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: PONCE INLET, FL 32127

Title: () Delete Title: (X) Change () Addition DAUGHERTY, PEG Name: DAUGHERTY, PEGGY Name:

Address: 4525 S. ATLANTIC #1104 Address: 4525 S. ATLANTIC AVE. #1104 City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: PONCE INLET, FL 32127

Title: () Delete Title: (X) Change () Addition

KAYLOR, LORNA KAYLOR, LORNA Name: Name:

4525 S. ATLANTIC AVE. #1205 4525 S. ATLANTIC AVE, #1205 Address: Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: PONCE INLET, FL 32127

Title: () Delete Title: () Change () Addition

Name: CAREY, HELEN Name: 4525 S. ATLANTIC AVE. #1603 Address: Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

FROST, ANNE Name: Name: FROST, ANNE

4525 S. ATLANTIC AVE 1505 4525 S. ATLANTIC AVE, #1505 Address: Address: PORT ORANGE, FL 32127 City-St-Zip: City-St-Zip: PORT ORANGE, FL 32127

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: FRANKIE MCCARROLL Ρ 04/29/2007