## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003411

FILED Mar 04, 2009 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:** 4545 S. ATLANTIC AVE **UNIT 3000** PONCE INLET, FL 32127 **New Mailing Address: Current Mailing Address:** 4525 S. ATLANTIC AVE **BOX 1000** 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 MCCARROLL, FRANKIE 4525 S. ATLÁNTIC AVE UNIT 1606 4525 S. ATLANTIC AVE UNIT 1606 PONCE INLET, FL 32127 PONCE INLET, FL 32127 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: FRANKIE MCCARROLL 03/04/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCCARROLL, FRANKIE Name: Name: 4525 S. ATLANTIC AVE UNIT 1606 Address: Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition DAUGHERTY, PEGGY Name: DAUGHERTY, PEGGY Name: Address: 4525 S. ATLANTIC AVE UNIT 1104 Address: 4525 S. ATLANTIC AVE UNIT 1104 City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: PONCE INLET, FL 32127 Title: () Delete Title: (X) Change ( ) Addition KAYLOR, LORNA CHAMPAGNE, KEVIN Name: Name: 4525 S. ATLANTIC AVE UNIT 1205 4525 S. ATLANTIC AVE UNIT 1506 Address: Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: PONCE INLET, FL 32127 Title: () Delete Title: D (X) Change ( ) Addition PINHO, ED Name: CAREY, HELEN Name: 4525 S. ATLANTIC AVE UNIT 1603 4525 S. ATLANTIC AVE UNIT 1504 Address: Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: PONCE INLET, FL 32127 Title: () Delete Title: () Change () Addition FROST, ANNE Name: Name: 4525 S. ATLANTIC AVE UNIT 1505 Address: Address: PORT ORANGE, FL 32127 City-St-Zip: 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: FRANKIE MCCARROLL P 03/04/2009