

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90091 032 ****61.25

DOCUMENT # N94000002469

1. Entity Name

THE TOWERS AT PONCE INLET, TOWER IV,
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4555 S ATLANTIC AVE
SUITE 4000
PONCE INLET FL 32127

Mailing Address

4555 S ATLANTIC AVE
SUITE 4000
PONCE INLET FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3238925

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

OLIVER, DELL
4555 S. ATLANTIC AVE
#4508
PONCE INLET FL 31227

Name **DON MACKENZIE**

Street Address (P.O. Box Number is Not Acceptable)
4555 S. ATLANTIC AVE. #4301

City **PONCE INLET**

FL

Zip Code
32127

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

Donald H. Mackenzie
Signature, typed or printed name of registered agent and title if applicable

Donald H. Mackenzie
(NOTE: Registered Agent signature required when reinstating)

1/21/06
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE **SD** ☐ Delete
NAME **MAAS, DONNA**
STREET ADDRESS **4555 S. ATLANTIC AVE #4309**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **P** ☐ Delete
NAME **MACKENZIE, DON**
STREET ADDRESS **4555 S ATLANTIC #4301**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **D** ☐ Delete
NAME **INGALLS, AL**
STREET ADDRESS **4555 S ATLANTIC AVE UNIT 4310**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **TRES** ☐ Delete
NAME **JANKE, GAIL**
STREET ADDRESS **4555 S ATLANTIC AVE UNIT 4311**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **V** ☐ Delete
NAME **CORBE, TOM**
STREET ADDRESS **4555 S ATLANTIC AVE UNIT 4406**
CITY-ST-ZIP **PORT INLET FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Donald H. Mackenzie