2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002469

FILED Apr 24, 2008 Secretary of State

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

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

4555 S. ATLANTIC AVE 4545 S ATLANTIC AVE UNIT 3000 SUITE 4000 PONCE INLET, FL 32127 PONCE INLET, FL 32127

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Current Mailing Address: New Mailing Address:

FEI Number: 59-3238925 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:

MACKENZIE, DON

4555 S ATLANTIC AVE, # 4301
PONCE INLET, FL 32127 US

INGALLS, AL
4555 S ATLANTIC AVE UNIT 4310
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: AL INGALLS 04/24/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MAAS, DONNA
 Name:
 MAAS, DONNA

 Address:
 4555 S. ATLANTIC AVE, #4309
 Address:
 4555 S. ATLANTIC AVE UNIT 4309

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

Title: P () Delete Title: VP (X) Change () Addition Name: MACKENZIE, DON Name: OLIVER, JOANNE

 Address:
 4555 S. ATLANTIC AVE, #4301
 Address:
 4555 S. ATLANTIC AVE UNIT 4508

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

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf P} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 INGALLS, AL
 Name:
 INGALLS, AL

 Address:
 4555 S ATLANTIC AVE, #4310
 Address:
 4555 S ATLANTIC AVE UNIT 4310

Address: 4555 S ATLANTIC AVE, #4510 Address: 4555 S ATLANTIC AVE ONIT 4510

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

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

Name: JANKE, ED Name: JANKE, ED

 Address:
 4555 S. ATLANTIC AVE, #4311
 Address:
 4555 S. ATLANTIC AVE UNIT 4311

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

оку-ок-21р. РОМОЕ INCET, ГЕ 32127

Name: SHEEHAN, TIM Name: SHEEHAN, TIM

 Address:
 4555 S. ATLANTIC AVE, #4609
 Address:
 4555 S. ATLANTIC AVE UNIT 4609

 City-St-Zip:
 PONCE INLET, FL 32127
 City-St-Zip:
 PONCE INLET, 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: AL INGALLS P 04/24/2008