

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002469

FILED
Apr 22, 2012
Secretary of State

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

Current Principal Place of Business:

4545 S ATLANTIC AVE
UNIT 3000
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4545 S ATLANTIC AVE
UNIT 3000
PONCE INLET, FL 32127

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:

INGALLS, AL
4555 S ATLANTIC AVE UNIT 4310
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: UMBELL, LUCY
Address: 4555 S ATLANTIC AVE UNIT 4106
City-St-Zip: PONCE INLET, FL 32127

Title: VP
Name: OLIVER, JOANNE
Address: 4555 S ATLANTIC AVE UNIT 4508
City-St-Zip: PONCE INLET, FL 32127

Title: P
Name: INGALLS, AL
Address: 4555 S ATLANTIC AVE UNIT 4310
City-St-Zip: PONCE INLET, FL 32127

Title: T
Name: JANKE, ED
Address: 4555 S ATLANTIC AVE UNIT 4311
City-St-Zip: PONCE INLET, FL 32127

Title: D
Name: HUGO, RAY
Address: 4555 S ATLANTIC AVE UNIT 4608
City-St-Zip: PONCE INLET, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: AL INGALLS

P

04/22/2012

Electronic Signature of Signing Officer or Director

Date