

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001936 (2) 1. Corporation Name THE TOWERS AT PONCE INLET, TOWER V CONDOMINIUM ASSOCIATIO, INC.					
Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
4565 S. Atlantic Ave. #5604 Ponce Inlet, FL 32127 US		4565 S. Atlantic Ave. #5604 Ponce Inlet, FL 32127 US		04/24/1995	
2. Principal Place of Business		26. Mailing Address		4. FEI Number	
21 4565 S. Atlantic Ave. Suite, Apt. #, etc. 22 #5000 City & State 23 Ponce Inlet, FL Zip Country 24 32127 25 US		26 4565 S. Atlantic Ave. Suite, Apt. #, etc. 27 #5000 City & State 28 Ponce Inlet, FL Zip Country 29 32127 30 US		59-3316672 Applied For ☐ Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
FRIEDMAN, RICHARD A 4565 S. ATLANTIC AVE. #5604 PONCE INLET, FL 32127		81 Name HAMILTON, ROBERT H. 82 Street Address (P.O. Box Number is Not Acceptable) 4565 S. Atlantic Ave. 83 #5000 84 City Ponce Inlet FL 85 32127			
11. Pursuant to the provisions of Sections 617.0507 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>Robert H. Hamilton</i> DATE 3/22/98 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D ☒ DELETE	11 TITLE	P/D ☐ Change ☒ Addition		
NAME	DIMUCCI, SALVATORE	12 NAME	Hamilton, Robert H.		
STREET ADDRESS	100 W DUNDEE RD	13 STREET ADDRESS	4565 S. Atlantic Ave. #5504		
CITY-ST-ZIP	PALATINE IL 60067	14 CITY-ST-ZIP	Ponce Inlet, FL 32127		
TITLE	D ☒ DELETE	21 TITLE	V/D ☐ Change ☒ Addition		
NAME	VIHLEN, SID	22 NAME	Hardy, George		
STREET ADDRESS	200 N PARK AVE. SUITE 200	23 STREET ADDRESS	4565 S. Atlantic Ave. #5602		
CITY-ST-ZIP	SANFORD FL 32771	24 CITY-ST-ZIP	Ponce Inlet, FL 32127		
TITLE	D ☒ DELETE	31 TITLE	V/D ☐ Change ☒ Addition		
NAME	FRIEDMAN, RICHARD A	32 NAME	Cumbie, Regina		
STREET ADDRESS	4565 S ATLANTIC AVE. #5604	33 STREET ADDRESS	4565 S. Atlantic Ave. #5511		
CITY-ST-ZIP	PONCE INLET, FL 32127	34 CITY-ST-ZIP	Ponce Inlet, FL 32127		
TITLE	☐ DELETE	41 TITLE	T/D ☐ Change ☒ Addition		
NAME		42 NAME	Fezza, Pat		
STREET ADDRESS		43 STREET ADDRESS	4565 S. Atlantic Ave. #5611		
CITY-ST-ZIP		44 CITY-ST-ZIP	Ponce Inlet, FL 32127		
TITLE	☐ DELETE	51 TITLE	S/D ☐ Change ☒ Addition		
NAME		52 NAME	Campbell, James		
STREET ADDRESS		53 STREET ADDRESS	4565 S. Atlantic Ave. #5701		
CITY-ST-ZIP		54 CITY-ST-ZIP	Ponce Inlet, FL 32127		
TITLE	☐ DELETE	61 TITLE			
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY-ST-ZIP		64 CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in law (see 119.05(3)(g), Florida Statutes). I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an addendum with an address.			3000002472863 -03/31/98--01018--046 ***61.25 3.27		
SIGNATURE: <i>Robert H. Hamilton</i>			SIGNATURE: <i>Robert H. Hamilton</i>		

CR2E037 (10/97)