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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90024 015 ****61.25

DOCU 1. Corporation	IMENT # N95000	0001936						
	OWERS AT PONCE INLET, T ATION, INC.	OWER V CONDOM	INIUM A					
Principal Pla	ce of Business	Mailing Address						
4565 S ATLANTIC AVE 4565 S ATLANTIC AVE					1 100 1010 1	6 8 001 80 001 8 0 00 8 6 500	90101 (JS)8 (B)85	5055 2 (055 1 58 5
#5000 #5000 PONCE INLET FL 32127 PONCE INLET FL 32127								
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2. Principal I	Place of Business	2a. Mailing Address			3. Date Incorporated or Q	ualifed		
21	<u> </u>	26			04/24/1995	- 	·	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			4. FEI Number		′ 	oplied For
City & Sta		City & State			59-3316672	·		ot Applicable
23		28			5. Certificate of Status Des	sired 🗌	\$8,75 /	Additional equired .
Zip	Country	Zip	Coul	ntry	6. Election Campaign Fina	encina		May Be
24	25	29	30	•	Trust Fund Contribution	- 11		to Fees
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of	New Registere	d Agent	
	الله الله الله الله الله الله الله الله	Pulled Style Court		81 Name				
HAMILTO	N, ROBERT H	and the second	Maria A	82 Street Ad	dress (P.O. Box Number is Not a	Acceptable)		
4565 S.ATLANTIC AVE			Į.					
STE #50		,	}	83				ł
PONCE I	NLET FL 32127			84 City			85 Zip (Code
11 Bureyan	to the provisions of Sections 847 050	12 and 617 1500 Florida St	tatutas ata at	love period as			<u>L </u>	120,000,000
	n to the broasions of Sections of 17.030	iz anu o i i . 1000, monua o	lalules, me al		rboration submits this statement	tor the butbose (n chanding its	
office or	registered agent, or both, in the State	of Florida. Such change w	as authorized	by the corpora	tion's board of directors. I hereb	y accept the app	ointment as re	gistered
102	t to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change w tions of, Section 617,0503	/as authorized , Florida Statu	by the corpora tes.	tion's board of directors. I hereb	y accept the app	ointment as re	gistered
#50 office or PC agent. I in Int SIGNATURE	aver and	413			ition's board of directors. I hereb	y accept the app	ointment as re	gistered
102	Signature, typed or printed name of registered age	413				DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (I	NOTE: Registered at 13.	Agent signature requ	ired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN PD HAMILTON, ROBERT H	nt and title if applicable. (ID DIRECTORS	NOTE: Registered	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN PD HAMILTON, ROBERT H 4565 S ATLANTIC AVE., #5504	nt and title if applicable. (ID DIRECTORS	NOTE: Registered at 13. E 1.1 TIT!	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES	DATE	ND DIRECTO	DRS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.

SIGNATURE

GNATURE FREDUTE FREDUT

1/10/99 (904) 322-5333

:R2E037 (11/98)