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

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001936

1. Corporation Name

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

Principal Place of Business

4565 S ATLANTIC AVE
#5000
PONCE INLET FL 32127
US

Mailing Address

4565 S ATLANTIC AVE
#5000
PONCE INLET FL 32127
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

04/24/1995

4. FEI Number

59-3316672

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMILTON, ROBERT H
4565 S ATLANTIC AVE
STE #5000
PONCE INLET FL 32127

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HAMILTON, ROBERT H
STREET ADDRESS 4565 S ATLANTIC AVE., #5504
CITY-ST-ZIP PONCE INLET FL 32127

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME HARDY, GEORGE
STREET ADDRESS 4565 S ATLANTIC AVE., #5602
CITY-ST-ZIP PONCE INLET FL 32127

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME CUMBLE, REGINA
STREET ADDRESS 4565 S ATLANTIC AVE., #5511
CITY-ST-ZIP PONCE INLET FL 32127

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME FEZZA, PAT
STREET ADDRESS 4565 S ATLANTIC AVE., #5611
CITY-ST-ZIP PONCE INLET FL 32127

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME CAMPBELL, JAMES
STREET ADDRESS 4565 S ATLANTIC AVE., #5701
CITY-ST-ZIP PONCE INLET FL 32127

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 (904) 322-5333
Date Daytime Phone #

CR2E037 (11/98)