



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90074 022 ****61.25

DOCUMENT # N95000001936					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02112005 Chg-NP CR2E037 (10/03)	
				4. FEI Number 59-3316672	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAQUETTE, RENE 4565 S ATLANTIC AVE UNIT 5103 PONCE INLET, FL 32127			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, ROBERT H		NAME	FEZZA, PAT	
STREET ADDRESS	4565 S ATLANTIC AVE., #5504		STREET ADDRESS	4565 S. ATLANTIC AVE., UNIT 5611	
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAQUETTE, RENE		NAME		
STREET ADDRESS	4565 S ATLANTIC AVE., #5602		STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, KEVIN S		NAME		
STREET ADDRESS	4565 S. ATLANTIC AVE #5611		STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONCZAL, JOHN		NAME		
STREET ADDRESS	4565 S ATLANTIC AVE 5505		STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, ELENOR		NAME	BIRD, CLAUDE	
STREET ADDRESS	4565 S ATLANTIC AVE #5106		STREET ADDRESS	4565 S. ATLANTIC AVE., UNIT 5710	
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>X Rene C Paquette</i>			Date: <i>2/17/05</i> Daytime Phone #: <i>386-786682</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		