


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000001936**  
 1. Entity Name  
**THE TOWERS AT PONCE INLET, TOWER V CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4565 S ATLANTIC AVE          #5000          PONCE INLET FL 32127          US</b>	Mailing Address <b>4565 S ATLANTIC AVE          #5000          PONCE INLET FL 32127          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/05)

4. FEI Number **59-3316672** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PAQUETTE, RENE  
 4565 S ATLANTIC AVE  
 UNIT 5103  
 PONCE INLET FL 32127**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed in print name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	FEZZA, PAT	
STREET ADDRESS	4565 S ATLANTIC AVE, UNIT 5611	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAQUETTE, RENE	
STREET ADDRESS	4565 S ATLANTIC AVE, #5602	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NASH, KEVIN S	
STREET ADDRESS	4565 S. ATLANTIC AVE #5611	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	S	<input type="checkbox"/> Delete
NAME	KONCZAL, JOHN	
STREET ADDRESS	4565 S ATLANTIC AVE 5505	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIRD, CLAUDE	
STREET ADDRESS	4565 S ATLANTIC AVE, UNIT 5710	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: R. P. ...* *Date: 1-31-06*