


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 4565 S ATLANTIC AVE #5000 PONCE INLET FL 32127 US	Mailing Address 4565 S ATLANTIC AVE #5000 PONCE INLET FL 32127 US
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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. Fezza *Date: 1-24-06*