

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001936

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** THE TOWERS AT PONCE INLET, TOWER V CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4545 S ATLANTIC AVE UNIT 3000  
PONCE INLET, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

4565 S ATLANTIC AVE BOX 5000  
PONCE INLET, FL 32127 US

**New Mailing Address:**

FEI Number: 59-3316672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: RENE PAQUETTE

03/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: FEZZA, PAT  
Address: 4565 S ATLANTIC AVE UNIT 5611  
City-St-Zip: PONCE INLET, FL 32127 US

Title: P ( ) Delete  
Name: PAQUETTE, RENE  
Address: 4565 S ATLANTIC AVE UNIT 5103  
City-St-Zip: PONCE INLET, FL 32127 US

Title: VP ( ) Delete  
Name: NASH, KEVIN  
Address: 4565 S ATLANTIC AVE UNIT 5510  
City-St-Zip: PONCE INLET, FL 32127 US

Title: S ( ) Delete  
Name: KONCZAL, JOHN  
Address: 4565 S ATLANTIC AVE UNIT 5505  
City-St-Zip: PONCE INLET, FL 32127 US

Title: D ( ) Delete  
Name: BIRD, CLAUDE  
Address: 4565 S ATLANTIC AVE UNIT 5710  
City-St-Zip: PONCE INLET, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENE PAQUETTE

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date