2003 NOT-FOR-PROFIT CORPORATION

Feb 17, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State DOCUMENT # N9500001936 1. Entity Name 02-17-2003 90283 003 ****61.25 THE TOWERS AT PONCE INLET, TOWER V CONDOMINIUM A SSOCIATION, INC. Principal Place of Business Mailing Address 4565 S ATLANTIC AVE 4565 S ATLANTIC AVE #5000 #5000 PONCE INLET FL 32127 PONCE INLET FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3316672 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Neme and Address of New Registered Agent HARDY, GÈORGE JR umber is Not Acceptable) アスタックしんと 4565 S ATLÂNTJE AVE **UNIT 5602** PONCE INLET FL\32127 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. SIGNATUR ent and title i (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE / TITLE ☐ Delete E. PAOUETTO Change Addition HAMILTON, ROBERT H NAME NAME 4565 S ATLAUTIC AUE #5,102 4565 S ATLANTIC AVE., #5504 STREET ADDRESS STREET ADDRESS PONCE INLET, FL 32127 Preside CITY-ST-7IP PONCE INLET FL 32127 CITY-ST-ZIP EVAGELING W. ALLISON The Addition ۷D TITLE Delete HARDY, GEORGE 45 65 S. ATlouter On # 53/1 STREET ADDRESS 4565 S ATLANTIC AVE., #5602 STREET ADDRESS CITY-ST-ZIP PONCE INLET FL 32127 CITY-ST-ZIP PONCE- INLET F/ 32/37 KEVIN S. NASH Change -TITLE D DOW, JOHN STREET ADDRESS 4565 S ATLANTIC AVE # 5304 STREET ADDRESS PONCE INLET CITY-ST-ZIP PONCE INLET FL 32127 CITY-ST-ZIP Delete TITLE Addition FEZZA, PAT NAME NAME STREET ADDRESS 4565 S. ATLANTIC AVE #5611 STREET ADDRESS CITY-ST-ZIP PONCE INLET FL 32127 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KONCZAL, JOHN NAME NAME STREET ADDRESS 4565 S ATLANTIC AVE 5505 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONCE INLET FL 32127 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 supplier and 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED