

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90095 050 ****61.25

DOCUMENT # N95000004532

1. Entity Name

THE TOWERS AT PONCE INLET, TOWER VI
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4575 S ATLANTIC AVE
#6000
PONCE INLET FL 32127
US

Mailing Address
4575 S ATLANTIC AVE
#6000
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

4. FEI Number

59-3339975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOGGS, PAUL J
4575 S ATLANTIC AVE #6206
#6305
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

Name ROBERT WALLING
Street Address (P.O. Box Number is Not Acceptable)

4575 S. ATLANTIC AVE #6509
City 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	VD	<input checked="" type="checkbox"/> Delete
NAME	BOGGS, PAUL J	
STREET ADDRESS	4575 S. ATLANTIC AVE #6206	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARCUM, GREGORY	
STREET ADDRESS	4575 S. ATLANTIC AVE #6407	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BECKER, ELIZABETH	
STREET ADDRESS	4575 S. ATLANTIC AVE #6604	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, MARVIN	
STREET ADDRESS	4575 S. ATLANTIC AVE #6106	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FORSYTH, ADDIE	
STREET ADDRESS	4575 S ATLANTIC AVE #6310	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY DAY	
STREET ADDRESS	4575 S. ATLANTIC AVE #6607	
CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN CURRIE	
STREET ADDRESS	4575 S. ATLANTIC AVE #6610	
CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT WALLING	
STREET ADDRESS	4575 S. ATLANTIC AVE #6509	
CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIAN HANCOCK	
STREET ADDRESS	4575 S. ATLANTIC AVE #6308	
CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Addie Forsyth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05
Date

386-304-2702
Daytime Phone #