

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

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90080 019 ****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

1st MOORE

CR2E037 (10/05)

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

**WALLING, ROBERT
4575 S ATLANTIC AVE
#6509
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

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, 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 **VD** ☐ Delete
NAME **DAY, ANTHONY**
STREET ADDRESS **4575 S ATLANTIC AVE #6607**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **SD** ☐ Delete
NAME **CURRIE, JOHN**
STREET ADDRESS **4575 S ATLANTIC AVE #6610**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **PD** ☐ Delete
NAME **WALLING, ROBERT**
STREET ADDRESS **4575 S ATLANTIC AVE #6509**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **DD** ☒ Delete
NAME **HANCOCK, DORIAN**
STREET ADDRESS **4575 S ATLANTIC AVE #6308**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **TD** ☒ Delete
NAME **FORSYTH, ADDIE**
STREET ADDRESS **4575 S ATLANTIC AVE #6310**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **JOHNSTON, WILLIAM**
STREET ADDRESS **4575 S ATLANTIC AVE # 6602**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE **DD** ☐ Change ☒ Addition
NAME **STOWE, JEFFREY**
STREET ADDRESS **4575 S ATLANTIC AVE # 6603**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Robert R Walling **ROBERT R WALLING** 1/21/06 386-756-2874