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May 18, 2005 8:00 am
Secretary of State

04-18-2005 90320 027 ****61.25

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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004705

1. Entity Name
TOWERS EIGHT & NINE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4621 SO. ATLANTIC 8000 PONCE INLET, FL 32127	4621 SO. ATLANTIC BOX 8000 PORT ORANGE, FL 32127

01172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Atlantic Shores Mgt	3511 S. Peninsula Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	Port Orange City & State
Zip / Country	Zip 32127 / Country

4. FEI Number 59-3600008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOLBERT, CHARLES R 4621 SOUTH ATLANTIC AVE 7405 PONCE INLET, FL 32127 Solomon, KAREN 3511 S Peninsula Dr Port Orange, Fl 32127	Name: SOLOMON KAREN Street Address (P.O. Box Number is Not Acceptable): 3511 S. Peninsula Dr Port Orange City: FL Zip Code: 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: Karen Solomon
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP REYNOLDS, JACK W 4621 S. ATLANTIC AVE # 7705 PONCE INLET, FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT SAMS, Albert PO Box 475 Westfield NY 14787	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, DAVID 1604 TALISIA CT LONGWOOD, FL 32779	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Dorsi, Anton 4621 S Atlantic Ave Unit 7607 Port Orange Fl 32127	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAY, KAREN 1943 SOUTH CREEK BLVD. DAYTONA BEACH, FL 32128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President RAY, KAREN 1943 SOUTH CREEK BLVD DAYTONA BEACH, FL 32128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TOLBERT, CHARLES R 4621 S ATLANTIC AVE # 7405 PONCE INLET, FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director NOEL MUNSON 4621 S Atlantic Ave Unit 7603 Port Orange Fl 32127	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TATE, WILLIAM A 2931 SUMMERFIELD D. WINTER PARK, FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER Logue, JOAN 1307 SWEETWATER CLUB BLVD Longwood FL 32779	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Karen Ray 4/7/05 386-761-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #