


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90138 045 \*\*\*\*61.25

<b>DOCUMENT # N98000004705</b>					
<b>1. Entity Name</b> TOWERS EIGHT & NINE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O ATLANTIC SHORES MGMT 3511 S. PENINSULA DR PORT ORANGE, FL 32127			<b>Mailing Address</b> C/O ATLANTIC SHORES MGMT 3511 S. PENINSULA DR PORT ORANGE, FL 32127		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3600008	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SOLOMON, KAREN 3511 S. PENINSULA DR PORT ORANGE, FL 32127				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
FL				FL	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signatures required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP	<b>NAME</b> SAMS, ALBERT	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> P.O. BOX 475	WESTFIELD, NY 14787		<b>NAME</b>	Street Address	
<b>CITY-ST-ZIP</b>	WESTFIELD, NY 14787		<b>CITY-ST-ZIP</b>	City-ST-ZIP	
<b>TITLE</b> S	<b>NAME</b> ANTON, DORIS	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4621 S. ATLANTIC AVE UNIT 7607	PORT ORANGE, FL 32127		<b>NAME</b>	Street Address	
<b>CITY-ST-ZIP</b>	PORT ORANGE, FL 32127		<b>CITY-ST-ZIP</b>	City-ST-ZIP	
<b>TITLE</b> S	<b>NAME</b> RAY, KAREN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1943 SOUTH CREEK BLVD.	DAYTONA BEACH, FL 32128		<b>NAME</b>	Street Address	
<b>CITY-ST-ZIP</b>	DAYTONA BEACH, FL 32128		<b>CITY-ST-ZIP</b>	City-ST-ZIP	
<b>TITLE</b> P	<b>NAME</b> RAY, KAREN	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1943 SOUTH CREEK BLVD	DAYTONA BEACH, FL 32122		<b>NAME</b>	Street Address	
<b>CITY-ST-ZIP</b>	DAYTONA BEACH, FL 32122		<b>CITY-ST-ZIP</b>	City-ST-ZIP	
<b>TITLE</b> D	<b>NAME</b> MUNSON, NOEL	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4621 S. ATLANTIC AVE, UNIT 7603	PORT ORANGE, FL 32127		<b>NAME</b>	Street Address	
<b>CITY-ST-ZIP</b>	PORT ORANGE, FL 32127		<b>CITY-ST-ZIP</b>	City-ST-ZIP	
<b>TITLE</b> T	<b>NAME</b> LOGUE, JOAN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1307 SWEETWATER CLUB BLVD	LONGWOOD, FL 32779		<b>NAME</b>	Street Address	
<b>CITY-ST-ZIP</b>	LONGWOOD, FL 32779		<b>CITY-ST-ZIP</b>	City-ST-ZIP	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>Karen Ray</i>			3/25/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			Daytime Phone #		