
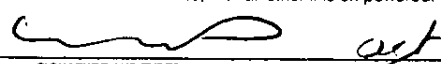


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N98000004705					
1. Entity Name TOWERS EIGHT & NINE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ATLANTIC SHORES MGMT 3511 S. PENINSULA DR PORT ORANGE, FL 32127			Mailing Address C/O ATLANTIC SHORES MGMT 3511 S. PENINSULA DR PORT ORANGE, FL 32127		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3600008	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOLOMON, KAREN 3511 S. PENINSULA DR PORT ORANGE, FL 32127				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S SAMS, ALBERT P.O. BOX 475 WESTFIELD, NY 14787		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete		U000000866992 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/08/08-80051-020 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORR, ANTON 4621 S. ATLANTIC AVE UNIT 7607 PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRYZWANSKY, WALT 4621 S. ATLANTIC AVE UNIT 8506 PONCE INLET, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNSON, NOEL 4621 S. ATLANTIC AVE, UNIT 7603 PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, DAVID 1604 TALISIA CT LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3/1/9					
Daytime Phone #					