

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004705

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

C/O ATLANTIC SHORES MGMT
3511 S. PENINSULA DR
PORT ORANGE, FL 32127

New Principal Place of Business:

4621 S. ATLANTIC AVE
PONCE INLET, FL 32127

Current Mailing Address:

C/O ATLANTIC SHORES MGMT
3511 S. PENINSULA DR
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3600008 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOLOMON, KAREN
3511 S. PENINSULA DR
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SAMS, ALBERT
Address: P.O. BOX 475
City-St-Zip: WESTFIELD, NY 14787

Title: S () Delete
Name: DORR, ANTON
Address: 4621 S. ATLANTIC AVE UNIT 7607
City-St-Zip: PORT ORANGE, FL 32127

Title: P () Delete
Name: PRYZWANSKY, WALT
Address: 4621 S. ATLANTIC AVE UNIT 8506
City-St-Zip: PONCE INLET, FL 32127

Title: D () Delete
Name: MUNSON, NOEL
Address: 4621 S. ATLANTIC AVE, UNIT 7603
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: HARRIS, DAVID
Address: 1604 TALISIA CT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STRAUB, RON
Address: 4621 S. ATLANTIC AVE UNIT 7104
City-St-Zip: PORT ORANGE, FL 32127

Title: VP (X) Change () Addition
Name: BEIER, BILL
Address: 4621 S. ATLANTIC AVE UNIT 8403
City-St-Zip: PORT ORANGE, FL 32127

Title: S (X) Change () Addition
Name: BROWN, PAT
Address: 4621 S. ATLANTIC AVE UNIT 8407
City-St-Zip: PONCE INLET, FL 32127

Title: T (X) Change () Addition
Name: ZIELLS, PEGGY
Address: 4621 S. ATLANTIC AVE, UNIT 8507
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change () Addition
Name: CLINE, JIM
Address: 4621 S. ATLANTIC AVE, UNIT 7604
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL BEIER

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date