

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001852

**Entity Name:** THE PONCE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

**FILED  
Feb 25, 2015  
Secretary of State  
CC3368612543**

**Current Principal Place of Business:**

611 DESTINY DRIVE  
RUSKIN, FL 33570

**Current Mailing Address:**

PO BOX 925  
RUSKIN, FL 33575 US

**FEI Number: 59-3769783**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOUTHSHORE PROPERTY MANAGEMENT  
611 DESTINY DRIVE  
RUSKIN, FL 33570 US

*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

**Officer/Director Detail :**

Title	PRESIDENT	Title	SECT/TREASURER
Name	DACHEPALLI, B. BEN	Name	BRYANT, JOSEPH
Address	PO BOX 925	Address	PO BOX 925
City-State-Zip:	RUSKIN FL 33575	City-State-Zip:	RUSKIN FL 33575
Title	VP	Title	DIRECTOR
Name	HARKINS, JEFFERSON	Name	HAYDAK, MICK
Address	PO BOX 925	Address	PO BOX 925
City-State-Zip:	RUSKIN FL 33575	City-State-Zip:	RUSKIN FL 33575

*I hereby 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 all other like empowered.*

**SIGNATURE: B. BEN DACHEPALLI**

**PRESIDENT**

**02/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date