2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2020
Secretary of State
3411642361CC

DOCUMENT# N44473

Entity Name: THE TOWERS AT PONCE INLET, TOWER I, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4545 S ATLANTIC AVE UNIT 3001
PONCE INLET, FL 32127

Current Mailing Address:

4545 S ATLANTIC AVE UNIT 3001
PONCE INLET, FL 32127 US

FEI Number: 59-3080352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRIDE ASSOCIATION & COMMUNITY MANAGEMENT
C/O PRIDE ASSOCIATION & COMMUNITY MANAGEMENT
4639 S. CLYDE MORRIS BLVD SUITE 106
PORT ORANGE, FL 32129 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: ANDREW HELMUS 06/09/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER	Title	VP
Name	TYLER, CAROL	Name	GRIFFIN, BEVERLY
Address	4545 S ATLANTIC AVE UNIT 3305	Address	4545 S ATLANTIC AVE UNIT 3202
City-State-Zip:	PONCE INLET FL 32127	City-State-Zip:	PONCE INLET FL 32127
Title	PRESIDENT	Title	DIRECTOR
Name	LASSITER, ELAINE	Name	BLALOCK, ROBERT
Address	4545 S ATLANTIC AVE UNIT 3106	Address	4545 S ATLANTIC AVE UNIT 3201
City-State-Zip:	PONCE INLET FL 32127	City-State-Zip:	PONCE INLET FL 32127
Title	S		
Name	FORD, ANGELA		
Address	4545 S ATLANTIC AVE UNIT 3605		
City-State-Zip:	PORT INLET FL 32127		

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: ELAINE LASSITER PRESIDENT 06/09/2020

Electronic Signature of Signing Officer/Director Detail — Date