## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45536

Entity Name: THE TOWERS AT PONCE INLET, TOWER II, CONDOMINIUM

ASSOCIATION, INC.

FILED
Mar 29, 2019
Secretary of State
5645393602CC

## **Current Principal Place of Business:**

4545 S. ATLANTIC AVE UNIT 3000 PONCE INLET, FL 32127

## **Current Mailing Address:**

4545 S. ATLANTIC AVE UNIT 3000 PONCE INLET, FL 32127 US

FEI Number: 59-3089817 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PRIDE ASSOCIATION & COMMUNITY MANAGEMENT C/O PRIDE ASSOCIATION & COMMUNITY MANAGEMENT, LLC 220 DUNLAWTON AVENUE PORT ORANGE, FL 32127 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 03/29/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title SECRETARY Title 7

Name KEMPKE, SHIRLEY Name INFANTINO, ANGELO

Address 4535 S. ATLANTIC AVE UNIT 2204 Address 4535 S. ATLANTIC AVE UNIT 2104

City-State-Zip: PONCE INLET FL 32127 City-State-Zip: PONCE INLET FL 32127

Title VP Title DIRECTOR

Name RUSSO, SILVANA Name JANO, BRUCE

Address 4535 S. ATLANTIC AVE UNIT 2705 Address 4635 S. ATLANTIC AVE UNIT 2504

City-State-Zip: PONCE INLET FL 32127 City-State-Zip: PONCE INLET FL 32127

Title P

Name BURROWS, DAN

Address 4535 S ATLANTIC AVE UNIT 2403

City-State-Zip: PONCE 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.