

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45536

Entity Name: THE TOWERS AT PONCE INLET, TOWER II, CONDOMINIUM ASSOCIATION, INC.**FILED**
Jun 09, 2020
Secretary of State
0372385075CC**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
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 SECRETARY
Name KEMPKE, SHIRLEY
Address 4535 S. ATLANTIC AVE UNIT 2204
City-State-Zip: PONCE INLET FL 32127

Title T
Name INFANTINO, ANGELO
Address 4535 S. ATLANTIC AVE UNIT 2104
City-State-Zip: PONCE INLET FL 32127

Title VP
Name RUSSO, SILVANA
Address 4535 S. ATLANTIC AVE UNIT 2705
City-State-Zip: PONCE INLET FL 32127

Title DIRECTOR
Name JANO, BRUCE
Address 4635 S. ATLANTIC AVE UNIT 2504
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.

SIGNATURE: DAN BURROWS**PRESIDENT****06/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date