2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718560

1. Entity Name

PARK LANE CONDOMINIUM ASSOCIATION OF JACKSONVILL

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90003 026 ****61.25

Principal Place of Business	Mailing Address
1846 MARGARET STREET JACKSONVILLE FL 32204	1846 MARGARET STREET JACKSONVILLE FL 32204-4427

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1633287 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEAS, WILLIAM J.
2215 RIVER BOULEVARD
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name LANGENBACH, PATRICIA
Street Address (P.O. Box Number is Not Acceptable) 1846 Margaret St SC
City Jacksonville FL Zip Code 32204

8. 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 _____ 4-6-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOLLING, JAMES 1846 MARGARET ST., 6-A JACKSONVILLE FL 32204	☑ Delete	PD LANGENBACH, PATRICIA 1846 Margaret St, SC Jacksonville, FL 32204	☑ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWN, MARJORIE 1846 MARGARET ST., 8-B JACKSONVILLE FL 32204	☑ Delete OK Do not Delete	SD COLLINS, LINDA 1846 Margaret St 2B Jacksonville, FL 32204	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GEORGE REGISTER 1846 MARGARET ST., 11-A&B JACKSONVILLE FL 32204	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT LONGENBACH, PATTY 1846 MARGARET ST., 5-C JACKSONVILLE FL 32204	☑ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D DE ANNA, COLLINS 1846 MARGARET ST., 9B JACKSONVILLE FL 32204	☑ Delete	VP HYMAN, FLO 1846 Margaret St 1B JAX, FL 32204	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REGISTER, GEORGE 1846 MARGARET ST., 13-A JACKSONVILLE FL 32204	☑ Delete		☐ Change	☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-6-00 (904)396-7827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #