NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90053 026 ****61.25

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DOCUMENT # 718560

1. Entity Name
PARK LANE CONDOMINIUM ASSOCIATION OF JACKSONVILLE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1846 Margaret St	1846 Margaret St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville FL
Zip: 32204 Country: USA	Zip: 32204 Country: USA

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PATRICIA S. LANGENBACH

Street Address (P.O. Box Number is Not Acceptable): 1846 MARGARET ST SB/C

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: Patricia S Langenbach 5-1-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD	TITLE	
NAME	LANGENBACH, PATRICIA S.	NAME	
STREET ADDRESS	1846 Margaret St SB/C	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	BROWN, MARJORIE	NAME	
STREET ADDRESS	1846 MARGARET ST 9B	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	REGISTER, GEORGE JR	NAME	
STREET ADDRESS	1846 MARGARET ST 11A/B	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	VD	TITLE	
NAME	HYMAN, FLO	NAME	**IN THIS SPACE**
STREET ADDRESS	1846 MARGARET ST 1B	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LIPPS, SAM	NAME	
STREET ADDRESS	1846 MARGARET ST 4C	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia S Langenbach PATRICIA S. LANGENBACH 5-1-02 (904) 396-7827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR