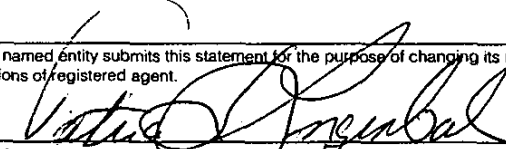
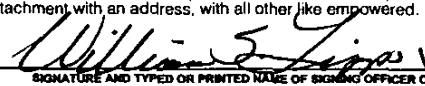


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90395 023 ****61.25

DOCUMENT # 718560 1. Entity Name PARK LANE CONDOMINIUM ASSOCIATION OF JACKSONVILLE, INC.					
Principal Place of Business 1846 MARGARET ST JACKSONVILLE, FL 32204			Mailing Address 1846 MARGARET ST JACKSONVILLE, FL 32204		
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			7. Name and Address of New Registered Agent		
BROWN, MARJORIE 1846 MARGARET ST 8-B JACKSONVILLE, FL 32204			Name LANGENBACH, PATTI Street Address (P.O. Box Number is Not Acceptable) 1846 MARGARET ST., 5-C City JACKSONVILLE FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  PATTI LANGENBACH, PRESIDENT			DATE 4/27/06		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, MARJORIE 1846 MARGARET ST., 8-B JACKSONVILLE, FL 32204	Delete ☒	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMANY, JANET 1846 MARGARET ST., 11-A JACKSONVILLE, FL 32204	Change ☐ Addition ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTIAN, KAREN 1846 MARGARET ST 9-C JACKSONVILLE, FL 32204	Delete ☒	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUTT, JUDY 1846 MARGARET ST. 7-C JACKSONVILLE, FL 32204	Change ☐ Addition ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYMAN, FLO 1846 MARGARET ST 1B JACKSONVILLE, FL 32204	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HYMAN, FLO 1846 MARGARET ST. 1-B JACKSONVILLE, FL 32204	Change ☒ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIPPS, SAM 1846 MARGARET ST 4C JACKSONVILLE, FL 32204	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANGENBACH, PATTI 1846 MARGARET ST 5-C JACKSONVILLE, FL 32204	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGENBACH, PATTI 1846 MARGARET ST. 5-C JACKSONVILLE, FL 32204	Change ☒ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  WILLIAM S. LIPAS, TREAS.					
Date				(904) 4/27/06 388-5211	