

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718560

**Entity Name:** PARK LANE CONDOMINIUM ASSOCIATION OF JACKSONVILLE, INC.

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC5638108992**

**Current Principal Place of Business:**

1846 MARGARET ST  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1846 MARGARET ST  
JACKSONVILLE, FL 32204

**FEI Number: 59-1633287**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LANGENBACH, PATRICIA S  
1846 MARGARET STREET  
SUITE 5-C  
JACKSONVILLE, FL 32204 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name CHASTAIN, KAREN  
Address 1846 MARGARET ST., SUITE 1-A  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name LIPPS, WILLIAM S  
Address 1846 MARGARET ST. 4-C  
City-State-Zip: JACKSONVILLE FL 32204

Title TD  
Name LANGENBACH, PATRICIA  
Address 1846 MARGARET ST. 5C  
City-State-Zip: JACKSONVILLE FL 32204

Title PRESIDENT  
Name CHAMBERLAIN, BRYAN  
Address 144 WATTS STREET  
City-State-Zip: JACKSONVILLE FL 32205

*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: PATRICIA LANGENBACH**

**TREASURER**

**04/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date