## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 749801** 

Entity Name: PARK LANE CONDOMINIUM OWNERS ASSOCIATION, INC.

**FILED** Jan 15, 2017 **Secretary of State** CC3787829031

# **Current Principal Place of Business:**

8437 TUTLE AVE.

#376

SARASOTA, FL 34243

## **Current Mailing Address:**

8437 TUTLE AVE.

#376

SARASOTA, FL 34243 US

FEI Number: 59-1961149 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JAMES, FAIX M 8437 TUTTLE AVE

#376

SARASOTA, FL 34243 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	PRESIDENT	Title	DIRECTOR, SECRETARY
Name	LAMPHIER, LOUISE	Name	DICKINSON, HIRAM
Address	8437 TUTTLE AVE #376	Address	8437 TUTLE AVE.

City-State-Zip: SARASOTA FL 34243 City-State-Zip: SARASOTA FL 34243

Title VP, DIRECTOR Name PIKE, GARY Address

8437 TUTLE AVE.

#376

SARASOTA FL 34243

City-State-Zip:

Title **DIRECTOR** 

SILVERMINTZ, LARRY Name 8437 TUTLE AVE. Address

#376

City-State-Zip: SARASOTA FL 34243 Title **TREASURER** 

Name LAMPHIER, JOHN

Address 8437 TUTLE AVE.

#376

City-State-Zip: SARASOTA FL 34243

Title ASST. SECRETARY

FAIX, JAMES M Name

8437 TUTLE AVE. Address

#376

City-State-Zip: SARASOTA FL 34243

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.