2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749801

Entity Name: PARK LANE CONDOMINIUM OWNERS ASSOCIATION, INC.

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

Name and Address of Current Registered Agent:

JAMES, FAIX M 8437 TUTTLE AVE #376 SARASOTA, FL 34243 US Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Director Detail :			
Title	SECRETARY	Title	TREASURER
Name	LAMPHIER, LOUISE	Name	PIPER, SANDY
Address	8437 TUTLE AVE. #376	Address	8437 TUTLE AVE. #376
City-State-Zip:	SARASOTA FL 34243	City-State-Zip:	SARASOTA FL 34243
Title	VP, DIRECTOR	Title	PRESIDENT
Name	PIKE, GARY	Name	LAMPHIER, JOHN
Address	8437 TUTLE AVE. #376	Address	8437 TUTLE AVE. #376
City-State-Zip:	SARASOTA FL 34243	City-State-Zip:	SARASOTA FL 34243
Title	DIRECTOR	Title	ASST. SECRETARY
Name	SILVERMINTZ, LARRY	Name	FAIX, JAMES M
Address	8437 TUTLE AVE. #376	Address	8437 TUTLE AVE. #376
City-State-Zip:	SARASOTA FL 34243	City-State-Zip:	SARASOTA FL 34243
	Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	TitleSECRETARYNameLAMPHIER, LOUISEAddress8437 TUTLE AVE. #376City-State-Zip:SARASOTA FL 34243TitleVP, DIRECTORNamePIKE, GARYAddress8437 TUTLE AVE. #376City-State-Zip:SARASOTA FL 34243TitleDIRECTORNameSILVERMINTZ, LARRYAddress8437 TUTLE AVE. #376	TitleSECRETARYTitleNameLAMPHIER, LOUISENameAddress8437 TUTLE AVE. #376AddressCity-State-Zip:SARASOTA FL 34243City-State-Zip:TitleVP, DIRECTORTitleNamePIKE, GARYNameAddress8437 TUTLE AVE. #376AddressCity-State-Zip:SARASOTA FL 34243City-State-Zip:TitleDIRECTORTitleNameSILVERMINTZ, LARRYNameAddress8437 TUTLE AVE. #376NameAddress8437 TUTLE AVE. #376Mame

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: JAMES M FAIX

AST SECRETARY 01

01/14/2018

Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 14, 2018 Secretary of State CC3078116084