

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749801

Entity Name: PARK LANE CONDOMINIUM OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8437 TUTTLE AVE.
#376
SARASOTA, FL 34243**Current Mailing Address:**8437 TUTTLE 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	SECRETARY
Name	BARROW, DOTTY
Address	8437 TUTTLE AVE. #376
City-State-Zip:	SARASOTA FL 34243

Title	TREASURER
Name	PIPER, SANDY
Address	8437 TUTTLE AVE. #376
City-State-Zip:	SARASOTA FL 34243

Title	VP, DIRECTOR
Name	SILVERMINTZ, LARRY
Address	8437 TUTTLE AVE. #376
City-State-Zip:	SARASOTA FL 34243

Title	PRESIDENT
Name	LAMPHIER, JOHN
Address	8437 TUTTLE AVE. #376
City-State-Zip:	SARASOTA FL 34243

Title	DIRECTOR
Name	DICKINSON, HIRAM
Address	8437 TUTTLE AVE. #376
City-State-Zip:	SARASOTA FL 34243

Title	ASST. SECRETARY
Name	FAIX, JAMES M
Address	8437 TUTTLE AVE. #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.

SIGNATURE: JAMES M FAIX

AST SECY

01/14/2020

Electronic Signature of Signing Officer/Director Detail_____
Date