

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50296

Entity Name: PENN PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**516 SOUTH PLUMOSA STREET
BOX 25
MERRITT ISLAND, FL 32952**Current Mailing Address:**516 SOUTH PLUMOSA STREET
BOX 25
MERRITT ISLAND, FL 32952**FEI Number:** 59-3151747**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRESLEY, RONALD W
516 SOUTH PLUMOSA ST
BOX 25
MERRITT ISLAND, FL 32952 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	PD
Name	BALL, CAROL
Address	516 S PLUMOSA ST., # 15
City-State-Zip:	MERRITT ISLAND FL 32952

Title	VD
Name	HOFFMAN, CAROL
Address	516 S PLUMOSA ST., # 21
City-State-Zip:	MERRITT ISLAND FL 32952

Title	STD
Name	PRESLEY, RON
Address	516 SOUTH PLUMOSA ST., #19
City-State-Zip:	MERRITT ISLAND FL 32952

Title	D
Name	PASSINI, GINA
Address	516 S PLUMOSA ST., #6
City-State-Zip:	MERRITT ISLAND FL 32952

Title	D
Name	KINDT, MERTIS
Address	516 S PLUMOSA STREET, # 18
City-State-Zip:	MERRITT ISLAND FL 32952

Title	D
Name	BECK, KATHY
Address	516 S. PLUMOSA ST., #8
City-State-Zip:	MERRITT ISLAND FL 32952

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: RON PRESLEY**SEC/TRES****03/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date