

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90086 007 ****61.25

40100470



01172007 Chg-NP CR2E037 (12/06)

DOCUMENT # 718560 1. Entity Name PARK LANE CONDOMINIUM ASSOCIATION OF JACKSONVILLE, INC.					
Principal Place of Business 1846 MARGARET ST JACKSONVILLE, FL 32204			Mailing Address 1846 MARGARET ST JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1633287 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGENBACH, PATTI 1846 MARGARET ST 5-C JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name LABENZ, CHAD Street Address (P.O. Box Number is Not Acceptable) 1846 MARGARET ST., 14-A City JACKSONVILLE, FL Zip Code 32204		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 4/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERMANY, JANET		NAME	LABENZ, CHAD	
STREET ADDRESS	1846 MARGARET ST 11-A		STREET ADDRESS	1846 MARGARET ST. 14-A	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	JACKSONVILLE, FL. 32204	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUTT, JUDY		NAME	HALL, JOHN	
STREET ADDRESS	1846 MARGARET ST 7-C		STREET ADDRESS	1846 MARGARET ST., 4-B	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	JACKSONVILLE, FL. 32204	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYMAN, FLO		NAME	CHASTAIN, KAREN	
STREET ADDRESS	1846 MARGARET-ST-1B		STREET ADDRESS	1846 MARGARET ST., 9-C	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	JACKSONVILLE, FL. 32204	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGENBACH, PATTI		NAME	LIPPS, WILLIAM S.	
STREET ADDRESS	1846 MARGARET ST 5-C		STREET ADDRESS	1846 MARGARET ST., 4-C	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	JACKSONVILLE, FL. 32204	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGENBACH, PATTI		NAME	BLANTON, HUGH	
STREET ADDRESS	1846 MARGARET ST 5-C		STREET ADDRESS	1846 MARGARET ST., 7-B	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	JACKSONVILLE, FL. 32204	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			TREASURER 4/16/07 (904) 388-5211		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> WILLIAM S. LIPPS			<small>Date</small> Daytime Phone #		