
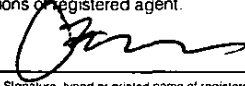
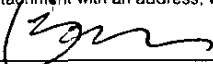


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 718560</b> 1. Entity Name <b>PARK LANE CONDOMINIUM ASSOCIATION OF JACKSONVILLE, INC.</b>						<b>FILED</b> <b>07 JUL 23 AM 5:03</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1846 MARGARET ST JACKSONVILLE, FL 32204</b>				Mailing Address <b>1846 MARGARET ST JACKSONVILLE, FL 32204</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b> <b>LANGENBACH, PATTI</b> <b>1846 MARGARET ST</b> <b>5-C</b> <b>JACKSONVILLE, FL 32204</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Chad E. Labenz</b> Street Address (P.O. Box Number is Not Acceptable) <b>1846 Margaret St. 14A</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32204</b>			
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>7/19/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LABONE, CHAD <input checked="" type="checkbox"/> Delete 1846 MARGARET ST. 14-A JACKSONVILLE, FL 32204			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Labenz, Chad E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1846 Margaret St. 14A Jacksonville, Florida 32204		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, JOHN <input type="checkbox"/> Delete 1846 MARGARET ST. 4-B JACKSONVILLE, FL 32204			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500108387655</b> <b>08/21/07--01054--010 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHASTAIN, KAREN <input type="checkbox"/> Delete 1846 MARGARET ST. 9-C JACKSONVILLE, FL 32204			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIPPS, WILLIAM S <input type="checkbox"/> Delete 1846 MARGARET ST. 4-C JACKSONVILLE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANTON, HUGH <input type="checkbox"/> Delete 1846 MARGARET ST. 7-B JACKSONVILLE, FL 32204			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>7/19/07</b> <small>Date</small>			
DAYTIME PHONE #							