

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721470

FILED
Apr 11, 2007
Secretary of State

Entity Name: PENTHOUSE GROVES ASSOCIATION NO. C, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1380273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAUREEN C REARDON, CPM
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: MAUREEN C. REARDON

04/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DENTALE, PAT
Address: 1655 SOUTH HIGHLAND AVENUE D-136
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: KENNAN, PAULINE
Address: 1655 S HIGHLAND AVE D-137
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Delete
Name: GRUTZNER, PRISCILLA
Address: 1655 S HIGHLAND AVE D-143
City-St-Zip: CLEARWATER, FL 33756

Title: SD () Delete
Name: FLAMMIA, LIDIE
Address: 1655 S. HIGHLAND AVE D-138
City-St-Zip: CLEARWATER, FL 33756

Title: VPD () Delete
Name: DAUPLAISE, OMER
Address: 1655 S HIGHLAND AVE C158
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAT DENTALE

PD

04/11/2007

Electronic Signature of Signing Officer or Director

Date