



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90044 032 ****61.25

DOCUMENT # 748016 1. Entity Name PARK LANE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 111 S.E. 1ST STREET BOYNTON BEACH, FL 33435			Mailing Address 111 S.E. 1ST STREET BOYNTON BEACH, FL 33435		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02132007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-1949871	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HILBERT, MAUREEN 130 E OCEAN AVE #3 BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name DOROTHY SCARBORO Street Address (P.O. Box Number is Not Acceptable) 130 E. Ocean Ave #5 City Boynton Beach FL Zip Code 33435	
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 <i>Dorothy Scarboro</i> <small>Signature typed or printed name of registered agent and title if applicable</small>		Dorothy Scarboro Treasurer		2/13/2007 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	TD SCARBORO, DOROTHY 130 E OCEA AVE #5 BOYNTON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KALIL, PAM 5407 Fearnley Rd Lake Worth, FL 33467
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BERGMAN, LUCY 130 E OCEAN AVE #4 BOYNTON BCH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELMORE, MYRA 130 E Ocean Ave #6 Boynton Beach, FL 33435
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILBERT, MAUREEN 130 E. OCEAN AVE #3 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WHEELER, CRISTAIN 111 SE 1st St Boynton Beach, FL 33435
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILES, BETTY 130 E. OCEAN AVE #6 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HILBERT, DENISE 130 E OCEAN AVE #2 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HILBERT, DENISE 130 E OCEAN AVE #2 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<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: <i>Dorothy Scarboro</i> Dorothy Scarboro 561-834-8709 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					