

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748016

FILED
Feb 21, 2009
Secretary of State

Entity Name: PARK LANE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

111 S.E. 1ST STREET
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

111 S.E. 1ST STREET
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 59-1949871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALIL, PAM
5407 FEARNLEY RD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SCARBORO, DOROTHY
Address: 130 E OCEA AVE #5
City-St-Zip: BOYNTON, FL

Title: PD () Delete
Name: KALIL, PAM
Address: 5407 FEARNLEY RD.
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: MILES, BETTY
Address: 130 E. OCEAN AVE.#6
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VD () Delete
Name: ELMORE, MYRA
Address: 130 E. OCEAN AVE #6
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD () Delete
Name: WHEELER, CRISTAIN
Address: 111 SE 1ST ST.
City-St-Zip: BOYNTON BEACH, FL 33435

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 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: PAMELA M KALIL

PRES

02/21/2009

Electronic Signature of Signing Officer or Director

Date