2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001763

1. Entity Name
ESTATES OF PENNOCK POINT HOMEOWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
55 HAYDEN AVENUE SUITE 3200 LEXINGTON, MA 02421	55 HAYDEN AVENUE SUITE 3200 LEXINGTON, MA 02421

DO NOT WRITE IN THIS SPACE

01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
74-3033714
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
ONE N CLEMATIS STREET
SUITE 400
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000410313
02/09/06-80030-012 50.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLARK, STANLEY L
STREET ADDRESS	55 HAYDEN STREET, SUITE 3200
CITY-ST-ZIP	LEXINGTON, MA 02421
TITLE	VP
NAME	DUFFY, JOHN P
STREET ADDRESS	55 HAYDEN STREET, SUITE 3200
CITY-ST-ZIP	LEXINGTON, MA 02421
TITLE	D
NAME	HINES, EDWARD F JR
STREET ADDRESS	55 HAYDEN STREET, SUITE 3200
CITY-ST-ZIP	LEXINGTON, MA 02421
TITLE	D
NAME	MARZILLI, JOSEPH
STREET ADDRESS	55 HAYDEN STREET, SUITE 3200
CITY-ST-ZIP	LEXINGTON, MA 02421
TITLE	ST
NAME	CORLEY, NOLLY
STREET ADDRESS	55 HAYDEN STREET, SUITE 3200
CITY-ST-ZIP	LEXINGTON, MA 02421
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nolly Corley 1/11/06 781-274-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #