2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# N02000001763

Entity Name: ESTATES OF PENNOCK POINT HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

55 HAYDEN AVENUE
SUITE 3200
LEXINGTON, MA 02421

New Principal Place of Business:

Current Mailing Address:

55 HAYDEN AVENUE
SUITE 3200
LEXINGTON, MA 02421

New Mailing Address:

FEI Number: 74-3033714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGELL CORPORATE SERVICES, INC.
ONE N CLEMATIS STREET
SUITE 400
WEST PALM BEACH, FL 33401 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:	PD	( ) Delete
Name:	CLARK, STANLEY L	
Address:	55 HAYDEN STREET, SUITE 3200	
City-St-Zip:	LEXINGTON, MA 02421	
Title:	VP	( ) Delete
Name:	DUFFY, JOHN P	
Address:	55 HAYDEN STREET, SUITE 3200	
City-St-Zip:	LEXINGTON, MA 02421	
Title:	D	(X) Delete
Name:	HINES, EDWARD F JR	
Address:	55 HAYDEN STREET, SUITE 3200	
City-St-Zip:	LEXINGTON, MA 02421	
Title:	D	( ) Delete
Name:	MARZILLI, JOSEPH	
Address:	55 HAYDEN STREET, SUITE 3200	
City-St-Zip:	LEXINGTON, MA 02421	
Title:	ST	( ) Delete
Name:	CORLEY, NOLLY	
Address:	55 HAYDEN STREET, SUITE 3200	
City-St-Zip:	LEXINGTON, MA 02421	

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: NOLLY E. CORLEY ST 04/13/2007

Electronic Signature of Signing Officer or Director — Date