2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001763

FILED Mar 24, 2009 Secretary of State

Entity Name: ESTATES OF PENNOCK POINT HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

55 HAYDEN AVENUE C/OGOODRICH, LLC, 525 OKEECHOBEE BOULEVARD

SUITE 3200 SUITE 1000

LEXINGTON, MA 02421 WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

55 HAYDEN AVENUE C/OGOODRICH, LLC, 525 OKEECHOBEE BOULEVARD

SUITE 3200 SUITE 1000

LEXINGTON, MA 02421 WEST PALM BEACH, FL 33401

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CLARK, STANLEY L Name: CLARK, STANLEY L

Address: 55 HAYDEN STREET, SUITE 3200 Address: C/OGOODRICH,525 OKEECHOBEE BLVD, STE.1000

City-St-Zip: LEXINGTON, MA 02421 City-St-Zip: WEST PALM BEACH, FL 33401

Title: DVP () Delete Title: DVP (X) Change () Addition

Name: DUBIEL, DOUGLAS Name: DUBIEL, DOUGLAS

Address: 55 HAYDEN STREET, SUITE 3200 Address: C/OGOODRICH,525 OKEECHOBEE BLVD.,STE.1000

City-St-Zip: LEXINGTON, MA 02421 City-St-Zip: WEST PALM BEACH, FL 33401

Title: DST () Delete Title: DST (X) Change () Addition Name: MARZILLI, JOSEPH Name: MARZILLI, JOSEPH

Address: 55 HAYDEN STREET, SUITE 3200 Address: C/OGOODRICH,525 OKEECHOBEE BLVD., STE.1000

City-St-Zip: LEXINGTON, MA 02421 City-St-Zip: WEST PALM BEACH, FL 33401

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: JOSEPH MARZILLI S 03/24/2009