

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007013

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** PENNOCK PLACE OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

935 TOWN HALL AVENUE  
JUPITER, FL 33458

**New Principal Place of Business:**

935 TOWN HALL AVENUE  
UNIT 1  
JUPITER, FL 33458

**Current Mailing Address:**

935 TOWN HALL AVENUE  
JUPITER, FL 33458

**New Mailing Address:**

935 TOWN HALL AVENUE,  
UNIT 1  
JUPITER, FL 33458

**FEI Number:** 20-3866688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROWELL, BETH  
935 TOWN HALL AVENUE  
JUPITER, FL 33458 US

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

CROWELL, BETH  
935 TOWN HALL AVENUE  
UNIT 1  
JUPITER, FL 33458 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:

01/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CROWELL, BETH  
Address: 935 TOWN HALL AVENUE  
City-St-Zip: JUPITER, FL 33458

Title: V ( ) Delete  
Name: ROBBINS, NARELLE  
Address: 935 TOWN HALL AVENUE  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CROWELL, BETH  
Address: 935 TOWN HALL AVENUE, UNIT 1  
City-St-Zip: JUPITER, FL 33458

Title: V (X) Change ( ) Addition  
Name: ROBBINS, NARELLE  
Address: 935 TOWN HALL AVENUE, UNIT 1  
City-St-Zip: JUPITER, FL 33458

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: NARELLE ROBBINS

V

01/16/2009

Electronic Signature of Signing Officer or Director

Date