



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90062 028 \*\*\*\*61.25

<b>DOCUMENT # N05000000040</b> 1. Entity Name PENZANCE ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 9001 DANIELS PARKWAY SUITE 200 FT MYERS, FL 33912				Mailing Address 9001 DANIELS PARKWAY SUITE 200 FT MYERS, FL 33912	
2. Principal Place of Business 4501 Tamiami Tr. No. Suite, Apt. #, etc. Suite 300 City & State Naples, FL Zip 34103 Country USA		3. Mailing Address 4501 Tamiami Tr. No. Suite, Apt. #, etc. Suite 300 City & State Naples, FL Zip 34103 Country USA			
02282006 Chg-NP CR2E037 (11/05)				4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent R&A AGENTS INC 2320 1ST STREET SUITE 1000 FT MYERS, FL 33901	
7. Name and Address of New Registered Agent Name Stock Community Services Street Address (P.O. Box Number is Not Acceptable) 4501 Tamiami Trail North Suite 300 City Naples FL Zip Code 34103				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HIGGINSON, KEVIN 9001 DANIELS PARKWAY SUITE 200 FT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Blaine Spivey 4501 Tamiami Trail No, Ste 101 Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GULLO, VINCE 9001 DANIELS PARKWAY SUITE 200 FT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Sandy Houldsworth 4501 Tamiami Trail No, Ste 101 Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KNIZNER, DAVID 9001 DANIELS PARKWAY SUITE 200 FT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Valerie Schechinger 4501 Tamiami Trail No, Ste 101 Naples, FL 34103	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Valerie Schechinger</u> Valerie Schechinger 2/28/06 239-261-9232 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					