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Jul 19, 2006 8:00 am
Secretary of State

04-27-2006 90197 049 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004840

1. Entity Name
PENNINGTON PLACE OWNERS ASSOCIATION, INC.

66021976

Principal Place of Business	Mailing Address
569 INTERSTATE BLVD SARASOTA, FL 34240	569 INTERSTATE BLVD SARASOTA, FL 34240

03202006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
101 Arthur Andersen Blvd		c/o SunVast Mgmt.	
Suite, Apt. #, etc.: Suite 150		Suite, Apt. #, etc.: 381 InterState Blvd.	
City & State: Sarasota FL		City & State: Sarasota FL	
Zip: 34232	Country: USA	Zip: 34240	Country: USA

4. FEI Number: 20-5095164 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHLOSSER, RICHARD A 500 E KENNEDY BLVD SUITE 200 TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $61.25 **Due by May 1, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: D, VP NAME: Mike Widenen STREET ADDRESS: 101 Arthur Andersen #150 CITY-ST-ZIP: Sarasota FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: DP NAME: Mike Shannon STREET ADDRESS: 101 Arthur Andersen Blvd #150 CITY-ST-ZIP: Sarasota, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #