2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004840

FILED Apr 24, 2007 8:00 am Secretary of State

04-24-2007 90018 034 ****61.25

PENNING	TON PLACE OWNERS A							
Principal Place 101 ARTHUR SUITE 150 SARASOTA, F	ANDERSON BLVD	Mailing Address C/O SUNKAST MGMT Spelling 381 INTERSTATE BLVD SARASOTA, FL 34230		1				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			st Mgm	04052007 Chg-NP CR2E037 (12/06)				
City & State		City & State		4. FEI Number 20-509516		Apr	lied For Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Addi	ional	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Add	ress of New Regist			
SCHLOSSER, RICHARD A				Name				
500 E KENNEDY BLVD SUITE 200 TAMPA, FL 33602			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
signature	named entity submits this statement ions of registered agent. Signature, byed or profes of registered agent.	ent and title of applicable. (NC - 9. Election Co	OTE: Registered Agent signatur	e required when reinstating) \$5.00 May Be	Make	DATE check payable to		
1 . 16	D µe by May 1, 2007			Added to Fees		Department of Sta		
TITLE DVP NAME WIDEMAN, MIKE STREET ADDRESS 101 ARTHUR ANDERSON SUITE 150			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG	ES TO OFFICERS A	Change	Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	DP Delete TI SHANNON, MIKE 101 ARTHUR ANDERSON BLVD SUITE 150 S SARASOTA, FL 34232 C			VICE PRESIDENT SCHANGE Addition MICHAEL SHAWNON SI IOU ARTHUR ALLOERSON AKUY #150 SARASONA FL. 34232				
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	HRESIDANT MICHAEL LILL 101 ARTHUR AN SARASOTA, F	idersian R	Change Kuy #150 L	Ø Addition	
THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LINRRY SARVE 101 ARTHUR AN SPRASSIA, F	voelsen f	964Y #150	Addition ∆	
TITLE NEME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

1. 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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME , Street address

SIGNATURE

CATY-ST-ZIP

STREET ADDRESS

ți) LE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

JAEL SHANNON
Date 4/10/07

Daytima Phone 1941-343-0200

■ Addition

☐ Change