## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N05000004840

Apr 27, 2009 Secretary of State

Entity Name: PENNINGTON PLACE OWNERS ASSOCIATION, INC.

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

1162 INDIAN HILLS BLVD VENICE, FL 34293

Current Mailing Address: New Mailing Address:

1162 INDIAN HILLS BLVD VENICE, FL 34293

FEI Number: 20-5095164 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:

KEYS-CALDWELL, INC 1162 INDIAN HILLS BLVD VENICE, FL 34293 US

**OFFICERS AND DIRECTORS:** 

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:

Electronic Signature of Registered Agent Date

Name:

Address:

City-St-Zip:

City-St-Zip:

## 0

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PESHKIN, DONNA

PESHKIN, DAN

SARASOTA, FL 34242

SARASOTA, FL 34242

7350 POINT OF ROCKS ROAD

7350 POINT OF ROCKS ROAD

(X) Change ( ) Addition

(X) Change ( ) Addition

 Title:
 P ( ) Delete

 Name:
 LONGHOUT, DAVID

 Address:
 7312 WAX MYRTLE WAY

 City-St-Zip:
 SARASOTA, FL 34241

 Title:
 S
 ( ) Delete
 Title:

 Name:
 PESHKIA, DAN
 Name:

 Address:
 4131 BOCA POINTE DR.
 Address:

Address: 4131 BOCA POINTE DR.
City-St-Zip: SARASOTA, FL 34238

Title: VP ( ) Delete Title: ( ) Change ( ) Addition Name: HANDLIN, JEFFREY Name:

 Name:
 HANDLIN, JEFFREY
 Name:

 Address:
 6310 CAPITAL DRIVE #130
 Address:

 City-St-Zip:
 BRADENTON, FL 34202
 City-St-Zip:

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: DONNA PESHKIN P 04/27/2009