

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90022 023 \*\*\*\*61.25

<b>DOCUMENT # N07000011554</b>					
<b>1. Entity Name</b> PENNINGTON PARK CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1833 HENDRY STREET FORT MYERS, FL 33901			<b>Mailing Address</b> 1833 HENDRY STREET FORT MYERS, FL 33901		
<b>2. Principal Place of Business - No P.O. Box #</b> 100 Danley Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 100 Danley Dr Suite, Apt. #, etc.			
<b>City &amp; State</b> Fort Myers FL Zip 33907 Country Lec		<b>City &amp; State</b> Fort Myers FL Zip 33907 Country Lec		<b>4. FEI Number</b> 83-0505993	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name: Janet Pennington Street Address (P.O. Box Number is Not Acceptable) 100 Danley Dr City: Fort Myers FL Zip Code: 33907		
<b>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.</b> SIGNATURE: <u>Janet Pennington</u> DATE: <u>2-11-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>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	PD POLLACK, STANLEY 100 DANLEY DRIVE FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENNINGTON, RICK 100 DANLEY DRIVE FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PENNINGTON, JANET 100 DANLEY DRIVE FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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>					
<b>SIGNATURE:</b> <u>Stanley Pollack</u> DATE: <u>2-11-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					