2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# N21671

Entity Name: PENNY LANE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1249 PENNY LANE
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

1249 PENNY LANE
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONNELLAN, CARYL
1249 PENNY LANE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	(X) Delete
Name:	DOLLY, RAY	
Address:	1281 PENNY LANE	
City-St-Zip:	TALLAHASSEE, FL 32312 US	
Title:	D	( ) Delete
Name:	CROOMS, COLET	
Address:	1232 PENNY LANE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	TS	( ) Delete
Name:	DONNELLAN, CARYL	
Address:	1249 PENNY LANE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	GONZALEZ, SARAH	
Address:	1264 PENNY LANE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	P	( ) Delete
Name:	KATO, KEN	
Address:	1265 PENNY LANE	
City-St-Zip:	TALLAHASSEE, FL 32312 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: CARYL DONNELLAN TS 04/06/2006

Electronic Signature of Signing Officer or Director — Date