


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90145 041 \*\*\*\*61.25

<b>DOCUMENT # N23944</b>		
1. Entity Name <b>PENNOCK POINTE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.</b>		

Principal Place of Business <b>C/O CAPITAL REALTY ADISORS 8895 N MILITARY TRAIL E-201 PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>C/O CAPITAL REALTY ADISORS 600 SANDTREE DRIVE STE 109 PALM BEACH GARDENS, FL 33403 US</b>
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2. Principal Place of Business - No P.O. Box # <b>C/O CAPITAL REALTY ADVISORS</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>600 SAND TREE DRIVE STE 109</b>	Suite, Apt. #, etc.

City & State <b>PALM BEACH GARDENS, FL</b>	City & State
Zip <b>33403</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>MCDONALD, DONNA C/O CAPITAL REALTY ADVISORS INC 600 SANDTREE DRIVE, SUITE 109 PALM BEACH GARDENS, FL 33403</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAHN, CAROL 5561 OLD MYSTIC CT JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROOKS, TONI 5500 OLD MYSTIC COURT JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BIRCH, JACKIE 5581 OLD MYSTIC CT JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Carol Hahn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>3/10/08</u> Daytime Phone #: <u>575-9921</u>

40082784



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4. FEI Number <b>65-0022219</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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