

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23944

FILED
Apr 23, 2009
Secretary of State

Entity Name: PENNOCK POINTE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAPITAL REALTY ADVISORS
600 SAND TREE DRIVE STE 109
PALM BEACH GARDENS, FL 33403

New Principal Place of Business:

Current Mailing Address:

C/O CAPITAL REALTY ADVISORS
600 SAND TREE DRIVE STE 109
WEST PALM BEACH, FL 33403 US

New Mailing Address:

FEI Number: 65-0022219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, DONNA
C/O CAPITAL REALTY ADVISORS INC
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 US

Name and Address of New Registered Agent:

MCDONALD, DONNA AGENT
C/O CAPITAL REALTY ADVISORS INC
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 US

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: DONNA MCDONALD

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAHN, CAROL
Address: 5561 OLD MYSTIC CT
City-St-Zip: JUPITER, FL 33458

Title: STD () Delete
Name: BROOKS, TONI
Address: 5500 OLD MYSTIC COURT
City-St-Zip: JUPITER, FL 33458

Title: VPD () Delete
Name: CONNOLY, SHEILA
Address: 5700 OLD MYSTIC COURT
City-St-Zip: JUPITER, FL 33458

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:

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: CAROL HAHN

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date