


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 007 ****61.25

DOCUMENT # N31700 1. Entity Name PENSHURST PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235			Mailing Address 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAMI MANAGEMENT, INC. 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLS, LAWERENCE		NAME		
STREET ADDRESS	3016 HIGHLANDS BRIDGE ROAD		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34235		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORHEAD, BARBARA		NAME		
STREET ADDRESS	3070 HIGHLANDS BRIDGE RD		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34235		CITY - ST - ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYERBE, ELIN		NAME		
STREET ADDRESS	4012 PENSHURST PRK		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34235		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYERS, JOHN		NAME		
STREET ADDRESS	4036 PENSHURST PARK		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34235		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUFFEY, KAREN		NAME		
STREET ADDRESS	3050 HIGHLANDS BRIDGE RD		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34235		CITY - ST - ZIP		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARZKOPF, JEROME		NAME		
STREET ADDRESS	3080 HIGHLANDS BRIDGE ROAD		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34235		CITY - ST - ZIP		
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: <i>J. Schwarzkopf</i> JEROME SCHWARZKOPF 4/25/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					