


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90035 050 \*\*\*\*61.25

<b>DOCUMENT # N33998</b>	
<b>1. Entity Name</b> PARK LANE VILLAS HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 1129 Indiana Ave 1120 ILLINOIS AVE ST. CLOUD FL 34769	<b>Mailing Address</b> 1129 Indiana Ave. 1120 ILLINOIS AVE ST. CLOUD FL 34769
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<b>2. Principal Place of Business</b> 1129 Indiana Ave Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1129 Indiana Ave Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 59-2967396	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  GOINS, JOANN 1129 INDIAN AVE SAINT CLOUD FL 34769	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 1129 INDIANA Ave City FL Zip Code
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**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> P <b>NAME</b> STORVEIS, JACLYN <b>STREET ADDRESS</b> 1104 ILLINOIS AVE <b>CITY - ST - ZIP</b> SAINT CLOUD FL 34769	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b> STOWERS, JACLYN <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> CHERYL, SLY <b>STREET ADDRESS</b> 1124 ILLINOIS AVE <b>CITY - ST - ZIP</b> SAINT CLOUD FL 34769	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> MIDDLETON, ALICE <b>STREET ADDRESS</b> 1108 ILLINOIS AVE <b>CITY - ST - ZIP</b> SAINT CLOUD FL 34769	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T <b>NAME</b> GOINS, JOANN <b>STREET ADDRESS</b> 1129 INDIANA AVE <b>CITY - ST - ZIP</b> SAINT CLOUD FL 34769	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> BABINEAU, RAY <b>STREET ADDRESS</b> 1109 INDIANA AVENUE <b>CITY - ST - ZIP</b> ST. CLOUD FL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DIRECTOR <b>NAME</b> DAVISON, JOHN <b>STREET ADDRESS</b> 1136 ILLINOIS AVE <b>CITY - ST - ZIP</b> ST. CLOUD, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> LANE, JUDY <b>STREET ADDRESS</b> 1116 ILLINOIS AVE <b>CITY - ST - ZIP</b> SAINT CLOUD FL 34769	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VICE PRESIDENT <b>NAME</b> PARRIS, KERRY <b>STREET ADDRESS</b> 1132 ILLINOIS AVE <b>CITY - ST - ZIP</b> ST. CLOUD, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Joann Goins JOANN GOINS 1/24/06 407-892-4708

ATTACHMENT

40011575  
# W33998

TITLE - D

NAME - GAUNCE, SUSAN

Address - 1109 INDIANA Ave

City, ST. Zip - ST. Cloud, FL  
34769