2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N33998

Entity Name: PARK LANE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1129 INDIANA AVE
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1129 INDIANA AVE
ST. CLOUD, FL 34769

New Mailing Address:

1129 INDIANA AVE
ST CLOUD, FL 34769

FEI Number: 59-2967396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOINS, JOANN
1129 INDIANA AVE
SAINT CLOUD, FL 34769 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:	P	( ) Delete
Name:	FLETCHER, WILLIAM	
Address:	1112 ILLINOIS AVENUE	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:	VP	( ) Delete
Name:	LANE, JERRY	
Address:	1116 ILLINOIS AVENUE	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:	S	( ) Delete
Name:	MIDDLETON, ALICE	
Address:	1137 INDIANA AVENUE	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:	T	( ) Delete
Name:	GOINS, JOANN	
Address:	1129 INDIANA AVE	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:	D	( ) Delete
Name:	TACKETT, GERRIE	
Address:	1117 INDIANA AVENUE	
City-St-Zip:	SAINT CLOUD, FL 34769	
Title:	D	( ) Delete
Name:	DAVISON, JOHN	
Address:	1136 ILLINOIS AVENUE	
City-St-Zip:	SAINT CLOUD, FL 34769	

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:	
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: JOANN GOINS T 02/09/2009

Electronic Signature of Signing Officer or Director — Date