2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2012
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:

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:

GOINS, JOANN TREASUR
1129 INDIANA AVE
SAINT CLOUD, FL 34769 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: JOANN GOINS 01/13/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: STOWERS, JACLYN
Address: 1104 ILLINOIS AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP
Name: FLETCHER, WILLIAM
Address: 1112 ILLINOIS AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: S
Name: SLY, CHERYL
Address: 1124 ILLINOIS AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: T
Name: GOINS, JOANN
Address: 1129 INDIANA AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: D
Name: RODRIGUEZ, LIZZETTE
Address: 1120 ILLINOIS AVE
City-St-Zip: SAINT CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: JOANN GOINS TREA 01/13/2012
Electronic Signature of Signing Officer or Director Date