

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N50296**

1. Entity Name  
PENN PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
516 SOUTH PLUMOSA STREET  
BOX 25  
MERRITT ISLAND, FL 32952

Mailing Address  
516 SOUTH PLUMOSA STREET  
BOX 25  
MERRITT ISLAND, FL 32952



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3151747

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PRESLEY, RONALD W  
516 SOUTH PLUMOSA ST  
BOX 25  
MERRITT ISLAND, FL 32952

**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HAMBRIDGE, DALE  
STREET ADDRESS 516 SOUTH PLUMOSA ST # 24  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE VD  
NAME LEWIS, TRACY  
STREET ADDRESS 516 SOUTH PLUMOSA ST # 12  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE STD  
NAME PRESLEY, RON  
STREET ADDRESS 516 SOUTH PLUMOSA ST., #19  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D  
NAME BALL, CAROL  
STREET ADDRESS 516 SOUTH PLUMOSA ST # 15  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D  
NAME KINDT, MERTIS  
STREET ADDRESS 516 S PLUMOSA STREET # 18  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D  
NAME BECK, KATHY  
STREET ADDRESS 516 S. PLAMOSA ST., #8  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

U00000592982  
01/22/07-80014-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Ronald W. Presley Ronald W. Presley 1-14-07 321-454-6480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #