


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90026 044 ****61.25

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		
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	4. FEI Number 59-3151747 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01072008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRESLEY, RONALD W 516 SOUTH PLUMOSA ST BOX 25 MERRITT ISLAND, FL 32952			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMBRIDGE, DALE		NAME	Hoffman, Carol	
STREET ADDRESS	516 SOUTH PLUMOSA ST # 24		STREET ADDRESS	516 S. Plumosa St., # 21	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, TRACY		NAME	Ball, Carol	
STREET ADDRESS	516 SOUTH PLUMOSA ST # 12		STREET ADDRESS	516 S. Plumosa St., # 15	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESLEY, RON		NAME		
STREET ADDRESS	516 SOUTH PLUMOSA ST., #19		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALL, CAROL		NAME	Dykema, Lee Ann	
STREET ADDRESS	516 SOUTH PLUMOSA ST # 15		STREET ADDRESS	516 S. Plumosa St., # 17	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINDT, MERTIS		NAME		
STREET ADDRESS	516 S PLUMOSA STREET # 18		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, KATHY		NAME		
STREET ADDRESS	516 S. PLAMOSA ST., #8		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		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: <u>Ronald W Presley</u>			3-12-08 321-454-6480 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					