


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

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000003132 1. Entity Name PENNINGTON VILLAGE HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 15518 GRANBY PLACE TAMPA, FL 33624	Mailing Address 15518 GRANBY PLACE TAMPA, FL 33624
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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-4359897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOMINSKY, JAY L 15518 GRANBY PLACE TAMPA, FL 33624
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**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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOMINSKY, JAY 15518 GRANBY PLACE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELTZ, JORDAN 5013 BERRYHILL COURT TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIBILLY, ARSENTA 5004 BERRYHILL CT TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GADDIE, DELLA 15511 GRANBY PLACE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/07-80017-019 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: JAY KOMINSKY 2/2/07 813-969-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #