

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003126

FILED
Jan 28, 2009
Secretary of State

Entity Name: PENNSYLVANIA PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

692 PENN PL
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

692 PENN PL
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3578843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, NANCY
687 PENN PL
WINTER PARK, FL 32789 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: MILES, NANCY
Address: 687 PENN PL
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: STANDRIDGE, GEORGE
Address: 692 PENN PLACE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: REX, LESLIE
Address: 617 PENN PLACE
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: COHEN, DONNA
Address: 664 PENN PLACE
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: SILVERBACH, GRIER
Address: 1077 N PENNSYLVANIA AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: GERSCOVICH, KATHERINE
Address: 1143 N. PENNSYLVIA AVE
City-St-Zip: WINTER PARK, FL 32789

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:

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City-St-Zip:

Title: () Change () Addition
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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: GEORGE M. STANDRIDGE

T

01/28/2009

Electronic Signature of Signing Officer or Director

Date