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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003004 (7)

1. Corporation Name

PROVIDENCE PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3830 TAMPA RD
SUITE 200
PALM HARBOR FL 346843830 TAMPA RD
SUITE 200
PALM HARBOR FL 34684-38053. Date Incorporated or Qualified
06/22/19953a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 1934 Soule Road

26 1934 Soule Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Clearwater, FL

28 Clearwater, FL

24 Zip

Country

34619

25 USA

Zip

Country

29 34619

30 USA

4. FEI Number

59-3310569

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BABCOCK, CHARLES I III
3830 TAMPA RD
SUITE 200
PALM HARBOR FL 34684

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1934 Soule Road

83

84 City

Clearwater

FL

85 Zip Code
34619

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BABCOCK, CHARLES I III
STREET ADDRESS 3830 TAMPA RD SUITE 200
CITY-ST-ZIP PALM HARBOR FL 346841.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1934 Soule Road
1.4 CITY-ST-ZIP Clearwater, FL 34619TITLE D ☐ DELETE
NAME BASS, ROBERT E
STREET ADDRESS 3830 TAMPA RD SUITE 200
CITY-ST-ZIP PALM HARBOR FL 346842.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1934 Soule Road
2.4 CITY-ST-ZIP Clearwater, FL 34619TITLE D ☐ DELETE
NAME BASS, CHRISTINE M
STREET ADDRESS 3830 TAMPA RD SUITE 200
CITY-ST-ZIP PALM HARBOR FL 346843.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1934 Soule Road
3.4 CITY-ST-ZIP Clearwater, FL 34619TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

I, Babcock, I III, President 1/29/97

813-791-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068912

CR2E037 (9/96)