

FILE NOW: FILING FEE IS \$61.25

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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003004 (7)**

1. Corporation Name

PROVIDENCE PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 3094 PINELLAS PARK FL 33780-3094 US	Mailing Address P.O. BOX 3094 PINELLAS PARK FL 33780-3094 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/22/1995
4. FEI Number 59-3310569
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BABCOCK, CHARLES I III 1934 SOULE RD. SUITE 200 CLEARWATER FL 34619

10. Name and Address of New Registered Agent 81 Name DAVID KRAFTMAN 82 Street Address (P.O. Box Number is Not Acceptable) 10751 57th St. 83 84 City PINELLAS PARK FL 85 Zip Code 33782

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 *David Kraftman* DATE **6/25/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BABCOCK, CHARLES I III
STREET ADDRESS	1934 SOULE RD.
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BASS, ROBERT E
STREET ADDRESS	1934 SOULE RD.
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BASS, CHRISTINE M
STREET ADDRESS	1934 SOULE RD.
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP
1.3 STREET ADDRESS	JAMES GRUMBLATT
1.4 CITY-ST-ZIP	10749 56th St. PINELLAS PARK, FL 33782
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S/T. DAVID KRAFTMAN (D)
2.3 STREET ADDRESS	10751 57th St.
2.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P. GERALD POPEJOY (D)
3.3 STREET ADDRESS	10741 56th St.
3.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 *David Kraftman* DATE **6/25/98**

CR2E037 (10/97)