


**FILED**  
**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90011 008 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N95000003004</b>					
<b>1. Corporation Name</b> <b>PROVIDENCE PLACE HOMEOWNERS ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> P.O. BOX 3094 PINELLAS PARK FL 33780-3094 US			<b>Mailing Address</b> P.O. BOX 3094 PINELLAS PARK FL 33780-3094 US		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> 06/22/1995 <b>4. FEI Number</b> 59-3310569 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> KAUFMAN, DAVID 10751 57TH ST PINELLAD PARK FL 33782 <i>← Delete</i>			<b>10. Name and Address of New Registered Agent</b> 81 Name: Loretta R. Vescovi 82 Street Address (P.O. Box Number is Not Acceptable): 10752 57th Street No. 83 Pinellas Park, Fl. 33782 84 City: FL 85 Zip Code		
<b>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.</b> SIGNATURE: <i>Loretta R. Vescovi</i> <i>Loretta R. Vescovi</i> <i>June 30, 1999</i> (NOTE: Registered Agent signature required when reappointing)					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE: STD NAME: KAUFMAN, DAVID STREET ADDRESS: 10751 57TH ST CITY-ST-ZIP: PINELLAS PARK FL 33782 <input checked="" type="checkbox"/> DELETE			1.1 TITLE: STD 1.2 NAME: VESCOVI, Loretta R. 1.3 STREET ADDRESS: 10752 57th St. No. 1.4 CITY-ST-ZIP: Pinellas Park, Fl. 33782 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: VPD NAME: GRUBLATT, JAMES STREET ADDRESS: 10749 56TH ST CITY-ST-ZIP: PINELLAS PARK FL 33782 <input checked="" type="checkbox"/> DELETE			2.1 TITLE: VPD 2.2 NAME: VESCOVI, Traci 2.3 STREET ADDRESS: 10776 57th St. No. 2.4 CITY-ST-ZIP: Pinellas Park, Fl. 33782 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: DP NAME: POPEJOY, GERALD STREET ADDRESS: 10741 56TH ST CITY-ST-ZIP: PINELLAS PARK FL 33782 <input type="checkbox"/> DELETE			3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE			4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE			5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE			6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Loretta R. Vescovi</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: June 30, 1999 727 548 5339 Daytime Phone #		

CR2E037 (5/99)