

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90146 043 ****61.25

B0057258

DOCUMENT # N 95000003004

1. Entity Name

PROVIDENCE PLACE HOMEOWNERS
Association, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 3094

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3094

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

4. FEI Number

59-3310569

Applied For

Not Applicable

Zip
33780-3094

Country
USA

Zip
33780-3094

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Maher, Sharon K

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

10728 57th St N

City

Pinellas Park

FL

Zip Code

33782

**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.

SIGNATURE

Sharon K Maher

Sharon K Maher

3-19-2002

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------|
| TITLE | STD |
| NAME | Maher, Sharon K |
| STREET ADDRESS | 10728 57th St N |
| CITY - ST - ZIP | Pinellas Park, FL 33782 |
| TITLE | VPD |
| NAME | Kari Kaufman |
| STREET ADDRESS | 10751 57th St N |
| CITY - ST - ZIP | Pinellas Park, FL 33782 |
| TITLE | PD |
| NAME | Patricia Kayhart |
| STREET ADDRESS | 10735 57th St. N |
| CITY - ST - ZIP | Pinellas Park FL 33782 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: STD Sharon K Maher *Sharon K Maher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2002 727-548-0571

Date

Daytime Phone #

CR2E037B (12/01)