

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 18 AM 8:00

DOCUMENT # N95000003004

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05032004

Chg-NP

CR2E037 (10/03)

MRS

4. FEI Number
59-3310569

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, JILL
10734 56TH STREET NORTH
PINELLAS PARK, FL 33782

Name *Traci L. Vesconi*

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

10776 57th St. N.

City *Pinellas Park*

FL

Zip Code
33782

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Traci L. Vesconi

6/15/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD
NAME FISHER, JILL ☒ Delete
STREET ADDRESS 10734 56TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE STD ☒ Change ☐ Addition
NAME Traci Vesconi
STREET ADDRESS 10776 57th St. N.
CITY-ST-ZIP Pinellas Park, FL 33782

TITLE VPD
NAME POPEJOY, PEGGY ☐ Delete
STREET ADDRESS 10741 56TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE VPD ☒ Change ☐ Addition
NAME James Grumblyatt
STREET ADDRESS 10749 56th St N
CITY-ST-ZIP Pinellas Park, FL 33782

TITLE DP ☒ Delete
NAME FRENCH, DEBBIE
STREET ADDRESS 10744 57TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE DP ☒ Change ☐ Addition
NAME Matt Thomas
STREET ADDRESS 10742 56th St N
CITY-ST-ZIP Pinellas Park, FL 33782

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000038414670
STREET ADDRESS 06/29/04-01021-011 ***70.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Matt Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-04

Date

727-639-6420

Daytime Phone #