2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# N95000003004

Entity Name: PROVIDENCE PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 3094
PINELLAS PARK, FL 337803094 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3094
PINELLAS PARK, FL 337803094 US

New Mailing Address:

FEI Number: 59-3310569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VESCOVI, TRACI
10776 57TH ST N
PINELLAS PARK, FL 33782 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: VESCOVI, TRACI
Address: 10776 57TH ST N
City-St-Zip: PINELLAS PARK, FL 33782

Title: VPD (X) Delete
Name: POPEJOY, PEGGY
Address: 10741 56TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: VPD ( ) Delete
Name: GRUMBLATT, JAMES
Address: 10749 56 ST N
City-St-Zip: PINELLAS PARK, FL 33782

Title: DP ( ) Delete
Name: THOMAS, MATT
Address: 10742 56 ST N
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT THOMAS DP 05/03/2005

Electronic Signature of Signing Officer or Director — Date