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Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA, DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N44045 (5)**

1. Corporation Name

PROVIDENCIA PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1201 NORTH FLAGLER DRIVE
W PALM BEACH FL 33401****1201 NORTH FLAGLER DRIVE
W PALM BEACH FL 33401-3509**3. Date Incorporated or Qualified
06/20/19913a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAYANS, STEVEN A.
1201 NORTH FLAGLER DRIVE
W PALM BEACH FL 33401**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GINGRAS, PAUL	
STREET ADDRESS	1120 N. OLIVE AVE.	
CITY-ST-ZIP	W PALM BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRINGEL, MILTON J.	
STREET ADDRESS	238 NINTH STREET	
CITY-ST-ZIP	W PALM BEACH FL	

2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Comiskey, Kelly	
2.3 STREET ADDRESS	229 Ninth Street	
2.4 CITY-ST-ZIP	West Palm Beach, Florida	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MASSEY, FRANCK	
STREET ADDRESS	1007 N. FLAGLER DRIVE	
CITY-ST-ZIP	W PALM BEACH FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MAYANS, STEVEN A.	
STREET ADDRESS	1201 N. FLAGLER DR.	
CITY-ST-ZIP	W PALM BEACH FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHULTZ, DAVID M	
STREET ADDRESS	215 NINTH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	SDP	<input type="checkbox"/> DELETE
NAME	SLOANE, JAY	
STREET ADDRESS	233 EIGHTH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 12, 1997 (561) 832-9128

Date

Daytime Phone # 0038130

CR2E037 (9/96)