

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90015 007 ****61.25

DOCUMENT # N44045

Corporation Name

PROVIDENCIA PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

1201 NORTH FLAGLER DRIVE
W PALM BEACH FL 33401

Mailing Address

1201 NORTH FLAGLER DRIVE
W PALM BEACH FL 33401



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/20/1991	
City & State		City & State		4. FEI Number	
Zip		Zip		NOT APPLICABLE	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing	
30		31		<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

1. 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	GINGRAS, PAUL	1.2 NAME	
STREET ADDRESS	1120 N. OLIVE AVE.	1.3 STREET ADDRESS	
TY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	COMISKEY, KELLY	2.2 NAME	
STREET ADDRESS	229 NINTH STREET	2.3 STREET ADDRESS	
TY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MOORE, JEFFREY	3.2 NAME	
STREET ADDRESS	214 10TH STREET	3.3 STREET ADDRESS	
TY-ST-ZIP	W PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	
NAME	MAYANS, STEVEN A.	4.2 NAME	
STREET ADDRESS	1201 N. FLAGLER DR.	4.3 STREET ADDRESS	
TY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	SCHULTZ, DAVID M	5.2 NAME	
STREET ADDRESS	215 NINTH STREET	5.3 STREET ADDRESS	
TY-ST-ZIP	WEST PALM BEACH FL 33401	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	
NAME	SLOANE, JAY	6.2 NAME	
STREET ADDRESS	233 EIGHTH STREET	6.3 STREET ADDRESS	
TY-ST-ZIP	WEST PALM BEACH FL 33401	6.4 CITY-ST-ZIP	

4. 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 5, 1999 (54)832-9128
Daytime Phone #

CR2E037 (5/99)