

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030508

FILED
Apr 03, 2009
Secretary of State

Entity Name: PROVIDENCE PLACE APARTMENTS, INC.

Current Principal Place of Business:

1251 AVENUE OF THE AMERICAS, 36TH FLOOR
C/O SENTINEL REAL ESTATE
NEW YORK, NY 10020 US

New Principal Place of Business:

1251 AVENUE OF THE AMERICAS
35TH FLOOR
NEW YORK, NY 10020 US

Current Mailing Address:

1251 AVENUE OF THE AMERICAS, 36TH FLOOR
C/O SENTINEL REAL ESTATE
NEW YORK, NY 10020 US

New Mailing Address:

1251 AVENUE OF THE AMERICAS
35TH FLOOR
NEW YORK, NY 10020 US

FEI Number: 59-3503743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STREICKER, JOHN H
Address: 1251 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

Title: V () Delete
Name: BELLI, NOEL G
Address: 1251 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

Title: V () Delete
Name: TIETJEN, GEORGE
Address: 1251 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

Title: S () Delete
Name: WATTERS, CONNELL J
Address: 1251 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

Title: T () Delete
Name: ROTH, LELAND
Address: 1251 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: BELLI, NOEL
Address: 1251 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

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 exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNELL J WATTERS

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04/03/2009

Electronic Signature of Signing Officer or Director

Date