


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90097 008 ****61.25

DOCUMENT # N01000008783 1. Entity Name PROVIDENCE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business COMMUNITY MANAGEMENT PROFESSIONALS, INC 5401 KIRKMAN RD., STE 450 ORLANDO, FL 32819			Mailing Address COMMUNITY MANAGEMENT PROFESSIONALS, INC 5401 KIRKMAN RD., STE 450 ORLANDO, FL 32819		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 03-0373332	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 KIRKMAN RD., STE 450 ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D SHOEMAKER, JOHN B 4432 PARKWAY COMMERCE BOULEVARD ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Feivou, Jack 6315 Talaria Dr. Windermere, FL.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANSON, DAVID 6232 LITTLE LAKE SAWYER DR. WINDERMERE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ART Harris 6143 Little Lake Sawyer Dr. Windermere, FL.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRENT, SHARON 4432 PARKWAY COMMERCE BOULEVARD ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Branson, David 6232 Little Lake Sawyer Dr. Windermere, FL.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director McBrien, Steve 13315 Zori Lane Windermere, FL.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Gray, James 13214 Zori Lane Windermere, FL.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>					
Date 3/30/05 Daytime Phone # 407/905-7644					

50033793



03082005 Chg-NP CR2E037 (10/03)