

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90375 014 ****61.25

DOCUMENT # N01000008783					
1. Entity Name PROVIDENCE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 13315 ZORI LANE WINDERMERE, FL 34786 US			Mailing Address 13315 ZORI LANE WINDERMERE, FL 34786 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address % Artwood Phillips, Inc. Suite, Apt. #, etc. 1350 ORANGE AVENUE #100 City & State WINTER PARK, FL Zip 32792 Country USA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 03-0373332	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent G/O SPECIALTY MANAGEMENT 13315 ZORI LANE WINDERMERE, FL 34786			7. Name and Address of New Registered Agent Name TAYLOR & CARLS, P.A. Street Address (P.O. Box Number is Not Acceptable) 850 CONCORSE PARKWAY SOUTH #105 City MAITLAND FL Zip Code 32757		
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.					
SIGNATURE <u>Patt Taylor, Dir & Sec</u> DATE <u>4/25/2008</u> TAYLOR & CARLS, P.A. REGISTERED AGENT					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 D NAME PRIETO, CARRIE STREET ADDRESS 13550 ZORI LANE CITY-ST-ZIP WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR NAME BRENDA LOUNSBERRY STREET ADDRESS 6207 ANDREZZI LANE CITY-ST-ZIP WINDERMERE, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME NEEDELMAN, BOB STREET ADDRESS 6327 TALARIA DRIVE CITY-ST-ZIP WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete		TITLE TREASURER/DIRECTOR NAME ARTHUR HARRIS STREET ADDRESS 6143 LITTLE LAKE SAWYER DRIVE CITY-ST-ZIP WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LEASOR, EVERETT STREET ADDRESS 6108 ANDREZZI LANE CITY-ST-ZIP WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME MCBRIEN, STEVEN STREET ADDRESS 13315 ZORI LANE CITY-ST-ZIP WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME WEINGARTEN, SUSAN STREET ADDRESS 6318 LITTLE LAKE SAWYER DRIVE CITY-ST-ZIP WINDERMERE, FL 34786	<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 	<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 exemptions contained 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 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: <u>[Signature]</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>(407)644-4500</u> Daytime Phone #	