

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008783

FILED
Apr 28, 2009
Secretary of State

Entity Name: PROVIDENCE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

13315 ZORI LANE
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

C/O ATWOOD PHILLIPS, INC
1350 ORANGE AVENUE, SUITE #100
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 03-0373332 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 NW 49TH STREET
SUITE 202
FT. LAUDERDALE, FL 33309 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOUNDSBERRY, BRENDA
Address: 6207 ANDREOZZI LANE
City-St-Zip: WINDERMERE, FL 34786

Title: TD () Delete
Name: HARRIS, ARTHUR
Address: 6143 LITTLE LAKE SAWYER DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: LEASOR, EVERETT
Address: 6108 ANDEROSZI LANE
City-St-Zip: WINDERMERE, FL 34786

Title: PD () Delete
Name: MCBRIEN, STEVEN
Address: 13315 ZORI LANE
City-St-Zip: WINDERMERE, FL 34786

Title: SD () Delete
Name: WEINGARTEN, SUSAN
Address: 6318 LITTLE LAKE SAWYER DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: LEASOR, EVERETT
Address: 6108 ANDEROSZI LANE
City-St-Zip: WINDERMERE, FL 34786

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

Title: VPD (X) Change () Addition
Name: WEINGARTEN, SUSAN
Address: 6318 LITTLE LAKE SAWYER DRIVE
City-St-Zip: WINDERMERE, FL 34786

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE MCBRIEN

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date