

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90484 017 ****61.25

DOCUMENT # NO1000008783

1. Entity Name

PROVIDENCE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**4432 PARKWAY COMMERCE BOULEVARD
ORLANDO FL 32808**

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

2. Principal Place of Business

2180 W. SR. 434

3. Mailing Address

Suite, Apt. #, etc.

SUITE 5000

City & State

Longwood FL

City & State

Zip

32779

Country

USA

Country

4. FEI Number **03-0373332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHOEMAKER, JOHN B
4432 PARKWAY COMMERCE BOULEVARD
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name

Street Address

City

**JAMES W HART JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/21/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SHOEMAKER, JOHN B**
STREET ADDRESS **4432 PARKWAY COMMERCE BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☒ Delete
NAME **KODSI, STEVEN**
STREET ADDRESS **4432 PARKWAY COMMERCE BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **STD** ☐ Delete
NAME **TRENT, SHARON**
STREET ADDRESS **4432 PARKWAY COMMERCE BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☒ Addition
NAME **DAVID BRANSON**
STREET ADDRESS **6237 Little Lake Sawyer Dr.**
CITY-ST-ZIP **WINDERMERE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Shoemaker

4/16/03

CR2E037 (10/02)