2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N02000006364

Entity Name: PROVENCE GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2477 STICKNEY POINT ROAD, #118A
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2477 STICKNEY POINT ROAD, #118A
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 55-0798642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT ROAD, #118A
SARASOTA, FL 34231 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: V (X) Delete
Name: ADAMS, CATHERINE
Address: 7455 BOTANICA PARKWAY
City-St-Zip: SARASOTA, FL 34238

Title: ST ( ) Delete
Name: PIASSICK, ALLEN
Address: 7486 BOTANICA PARKWAY
City-St-Zip: SARASOTA, FL 34238

Title: D ( ) Delete
Name: BROWN, JAMES D
Address: 7466 BOTANICA PARKWAY
City-St-Zip: SARASOTA, FL 34238

Title: P ( ) Delete
Name: RALYA, CHERYL
Address: 7457 BOTANICA PKWY
City-St-Zip: SARASOTA, FL 34238

Title: AS ( ) Delete
Name: CROSS, DARLENE
Address: 2477 STICKNEY POINT ROAD, SUITE 118A
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: BROWN, JAMES D
Address: 7466 BOTANICA PARKWAY
City-St-Zip: SARASOTA, FL 34238

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

SIGNATURE: DARLENE CROSS AS 02/16/2009

Electronic Signature of Signing Officer or Director — Date