2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007511

FILED Apr 28, 2006 Secretary of State

Entity Name: PROVINCE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4321 WINKLER EXTENSION 27499 RIVERVIEW CENTER BLVD. FT MYERS, FL 33916

SUITE 207

BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

4321 WINKLER EXTENSION 27499 RIVERVIEW CENTER BLVD.

FT MYERS, FL 33916 SUITE 207

BONITA SPRINGS, FL 34134 US

FEI Number: 20-0191064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOYER, DONNA C INDEPENDENT MANAGEMENT, LLC 4321 WINKLER EXTENSION 27499 RIVERVIEW CENTER BLVD. FT MYERS, FL 33916 SUITE 207

BONITA SPRINGS, FL 34134 US

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: SUSAN DELGADO, CAM 04/28/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP (X) Change () Addition () Delete MOYER, DONNA C PEURANO, HEATER Name: Name:

4321 WINKLER EXTENSION Address: 27499 RIVERVIEW CENTER BLVD. Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete Title: DV (X) Change () Addition

O'ROURKE, JOHN Name: BEAN, JOANNE Name: Address: 4321 WINKLER EXTENSION Address:

27499 RIVERVIEW CENTER BLVD. City-St-Zip: FT MYERS, FL 33916 City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST () Delete Title: DST (X) Change () Addition TROJAN, CRAIG Name: MARIK, NANCY Name:

4321 WINKLER EXTENSION 27499 RIVERVIEW CENTER BLVD. Address: Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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: HEATHER PEURANO P/D 04/28/2006