2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N03000007511

Entity Name: PROVINCE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4321 WINKLER EXTENSION
FT MYERS, FL 33916

New Principal Place of Business:

27499 RIVERVIEW CENTER BLVD.
SUITE 207
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

4321 WINKLER EXTENSION
FT MYERS, FL 33916

New Mailing Address:

27499 RIVERVIEW CENTER BLVD.
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:

MOYER, DONNA C
4321 WINKLER EXTENSION
FT MYERS, FL 33916 US

Name and Address of New Registered Agent:

INDEPENDENT MANAGEMENT, LLC
27499 RIVERVIEW CENTER BLVD.
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:

Title: DP ( ) Delete
Name: MOYER, DONNA C
Address: 4321 WINKLER EXTENSION
City-St-Zip: FT MYERS, FL 33916

Title: DV ( ) Delete
Name: O'ROURKE, JOHN
Address: 4321 WINKLER EXTENSION
City-St-Zip: FT MYERS, FL 33916

Title: DST ( ) Delete
Name: TROJAN, CRAIG
Address: 4321 WINKLER EXTENSION
City-St-Zip: FT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: PEURANO, HEATER
Address: 27499 RIVERVIEW CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DV (X) Change ( ) Addition
Name: BEAN, JOANNE
Address: 27499 RIVERVIEW CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST (X) Change ( ) Addition
Name: MARIK, NANCY
Address: 27499 RIVERVIEW CENTER BLVD.
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
Electronic Signature of Signing Officer or Director Date