

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90045 043 ****70.00

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DOCUMENT # N04000008488 1. Entity Name PROVENCE OF MARCO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMIAMI TRAIL NORTH - STE 200 NAPLES, FL 34103			Mailing Address WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMIAMI TRAIL NORTH - STE 200 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # 1857 San Marco Road <small>Suite, Apt. #, etc.</small>		3. Mailing Address Becker & Poliakoff, Attys <small>Suite, Apt. #, etc.</small> 4501 Tamiami Trail			
City & State Marco Island, FL <small>Zip Country</small> 34145		City & State Naples, FL <small>Zip Country</small> 34112 USA		4. FEI Number 20-1626851 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01032007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, ATTYS 4501 TAMIAMI TRAIL NAPLES, FL 34112			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Delete
NAME	HINE, RICHARD		NAME	BESTE, MICHAEL	
STREET ADDRESS	19 MAUREEN DR		STREET ADDRESS	17 CALLE BELICIA	
CITY-ST-ZIP	MOUNT SINAI, NY 11766		CITY-ST-ZIP	SANTA FE, NM 87508	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Delete
NAME	MANOIACE, MARY ANN		NAME	BABYAK, GRANT R	
STREET ADDRESS	357 ROOKERY CT		STREET ADDRESS	34 DUSENBERRY ROAD	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	BRONXVILLE, NY 10708	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Delete
NAME	VALE, MICHAEL		NAME	VALE, MICHAEL	
STREET ADDRESS	12 STRETFORD WAY		STREET ADDRESS	12 STRETFORD WAY	
CITY-ST-ZIP	LINCOLN, MA 01773		CITY-ST-ZIP	LINCOLN, MA 01773	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			Boyd, Jeff 1857 San Marco Rd. PH 1 Marco Island, FL 34145		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Michael Beste</i> Michael Beste 3/21/07 642-5466					