2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State
05-16-2006 90022 013 ****61.25

DOCUMENT # N05000007475

1. Entity Name
PROVIDENCE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8000 THE ESPLANADE ORLANDO, FL 32836	8000 THE ESPLANADE ORLANDO, FL 32836

02222006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Community Management Prof.	Community Management Prof.
Suite, Apt. #, etc. 5401 S. Kirkman Rd Ste 450	Suite, Apt. #, etc. 5401 S. Kirkman Rd Ste 450
City & State Orlando, FL.	City & State Orlando, FL.
Zip 32819 Country USA	Zip 32819 Country USA

4. FEI Number 20-3355707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOHN, DAVID
8000 THE ESPLANADE
ORLANDO, FL 32836

7. Name and Address of New Registered Agent

Name: Community Management Professionals, Inc
Street Address (P.O. Box Number is Not Acceptable): 5401 S. Kirkman Rd
Ste 450
City: Orlando FL Zip Code: 32819

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] 4-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES/TREAS/SEC. DAVID KOHN 8000 The Esplande Orlando, FL. 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Judy Torres 8000 The Esplande Orlando, FL. 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Alene Raskin 8000 The Esplande Orlando, FL. 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4-7-06.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #