

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90057 012 ****61.25

DOCUMENT # N05000007475 1. Entity Name PROVIDENCE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business COMMUNITY MGMT PROF. 5401 S. KIRKMAN RD. STE 450 ORLANDO, FL 32819			Mailing Address COMMUNITY MGMT PROF. 5401 S. KIRKMAN RD. STE 450 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-3355709		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COMMUNITY MGMT PROFESSIONALS, INC 5401 S. KIRKMAN RD. STE 450 ORLANDO, FL 32819			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOHN, DAVID		NAME	7380 W Sand Lake Rd	
STREET ADDRESS	8000 THE ESPLANADE		STREET ADDRESS	#420	
CITY-ST-ZIP	ORLANDO, FL 32836 32811		CITY-ST-ZIP	ZIP 32811	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRES, JUDY		NAME	7380 W Sand Lake Rd	
STREET ADDRESS	8000 THE ESPLANADE		STREET ADDRESS	#420	
CITY-ST-ZIP	ORLANDO, FL 32836 32811		CITY-ST-ZIP	ZIP 32811	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RASKIN, ALENE		NAME	7380 W Sand Lake Rd	
STREET ADDRESS	8000 THE ESPLANADE		STREET ADDRESS	#420	
CITY-ST-ZIP	ORLANDO, FL 32836 32811		CITY-ST-ZIP	ZIP 32811	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
David Kohn, President 4/7/03-9969 <small>Date</small> <small>Office Phone #</small>					

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