

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007475

FILED
Jan 28, 2009
Secretary of State

Entity Name: PROVIDENCE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

COMMUNITY MGMT PROF.
5401 S. KIRKMAN RD. STE 450
ORLANDO, FL 32819

New Principal Place of Business:

5401 S. KIRKMAN ROAD
450
ORLANDO, FL 32819

Current Mailing Address:

COMMUNITY MGMT PROF.
5401 S. KIRKMAN RD. STE 450
ORLANDO, FL 32819

New Mailing Address:

5401 S. KIRKMAN ROAD
450
ORLANDO, FL 32819

FEI Number: 20-3355709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MGMT PROFESSIONALS, INC
5401 S. KIRKMAN RD. STE 450
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

COMMUNITY MGMT PROFESSIONALS, INC
5401 S. KIRKMAN RD.
450
ORLANDO, FL 32819 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: KAREN SFARA

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: KOHN, DAVID
Address: 7380 W. SAND LAKE RD.
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: TORRES, JUDY
Address: 7380 W. SAND LAKE RD., 420
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: RASKIN, ALENE
Address: 7380 W. SAND LAKE RD., 420
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOHN, DAVID
Address: 7380 W. SAND LAKE RD. #420
City-St-Zip: ORLANDO, FL 32811

Title: VP (X) Change () Addition
Name: RASKIN, ALENE
Address: 7380 W. SAND LAKE RD., 420
City-St-Zip: ORLANDO, FL 32811

Title: ST (X) Change () Addition
Name: TORRES, JUDY
Address: 7380 W. SAND LAKE RD., 420
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify 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: DAVID KOHN

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date