

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # N06000003445

1. Entity Name
PROVIDENCE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2737 NORTH FAIRVIEW AVENUE
ST PAUL, MN 55113**

Mailing Address
**2737 NORTH FAIRVIEW AVENUE
ST PAUL, MN 55113**



03072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASALINO, GREGG M ESQ
3111 CARDINAL DRIVE
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000331670
04/16/08-80010-017 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MUNSON, GREGORY W
2737 FAIRVIEW AVENUE NORTH
ST PAUL, MN 55113**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
BAKER, BARTLETT
2737 FAIRVIEW AVENUE NORTH
ST PAUL, MN 55113**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ZIBROWSKI, BART
2737 FAIRVIEW AVENUE NORTH
ST PAUL, MN 55113**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/08