

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90035 020 ****61.25

DOCUMENT # N06000003976

1. Entity Name
PROVIDENCE LAKES EXECUTIVE PARK ASSOCIATION, INC.



Principal Place of Business
**316 EAST BLOOMINGDALE AVENUE
BRANDON, FL 33511**

Mailing Address
**316 EAST BLOOMINGDALE AVENUE
BRANDON, FL 33511**

40071001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

42-1719176

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPARKMAN, STEVEN L
212 NORTH COLLINS STREET, SUITE 1
PLANT CITY, FL 33563**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fees \$61.25
Due by May 1, 2008**

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 **D** ☒ Delete
NAME ~~MCCULLAGH, JAMES P.~~
STREET ADDRESS **11305 LEPRECHAUN DR**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **PRES.** ☒ Change ☐ Addition
NAME **AMMON, TERRY C.**
STREET ADDRESS **1309 PRODUCE AVE**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **D** ☒ Delete
NAME ~~GOOT, L. DAVID~~
STREET ADDRESS **942 SYMPHONY ISLES BLVD**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE **VP/TREASURER** ☐ Change ☐ Addition
NAME **BRENDA MOORE-TERMIN**
STREET ADDRESS **6203 WIND OAK DR**
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE **D** ☒ Delete
NAME ~~DIAZ, JR., MANUEL A.~~
STREET ADDRESS **611 PINEDALE CT**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **VP/SECRETARY** ☐ Change ☐ Addition
NAME **HORACE C. "BOBBY" BURNETT**
STREET ADDRESS **1333 PROVIDENCE ROAD**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Manuel A. Diaz, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08

Date

(813) 621-7777, Ext. 233

Daytime Phone #