2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 23, 2007 8:00 am
Secretary of State
05-01-2007 90043 044 ****61.25

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DOCUMENT # N06000012461

1. Entity Name
PROVENCIA AT PASEO NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103	4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	336 Alhambra Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc. 220
City & State	City & State Coral Gables, Fl
Zip / Country	Zip / Country 33134 / USA

04202007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8076534 ☐ Applied For ☐ Not Applicable

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
SPIVEY, BLAINE 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103	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 _____ 4-27-07
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, 2007

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	PD SPIVEY, BLAINE 4501 TAMIAMI TRAIL NORTH #300 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOULDSWORTH, SANDY 4501 TAMIAMI TRAIL NORTH #300 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHECHINGER, VALERIE 4501 TAMIAMI TRAIL NORTH #300 NAPLES, FL 34103	☐ 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: Sandy Houldsworth VP 4-27-07 239.261-8232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #