2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90020 017 ****61.25

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

Principal Place of Business	Mailing Address
C/O STOCK COMMUNITY SERVICES, LLC 2647 PROFESSIONAL CIRCLE, S UITE 1213 NAPLES, FL 34119	396 ALHAMBRA CIR. 230 MIAMI, FL 33134

01102008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO Box 380758
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Murdock FL
Zip / Country	Zip: 33938 / Country: USA

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $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 / 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	PD Spivey Blaine 2647 Professional Ct #1213 Naples FL 34119	☒ 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	VD Houldsworth Sandy 2647 Professional Ct #1213 Naples FL 34119	☒ 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	STD Gelder, Keith 2647 Professional Ct #1213 Naples FL 34119	☐ 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: _____ 3/14/08 941-629-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #