

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 04, 2011
Secretary of State

DOCUMENT# N07000003124

Entity Name: PROVENANCE AT LOMA VISTA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1936 LEE ROAD
SUITE 250
WINTER PARK, FL 32789**New Principal Place of Business:**1001 N. LAKE DESTINY ROAD
SUITE 125
MAITLAND, FL 32751 US**Current Mailing Address:**1936 LEE ROAD
SUITE 250
WINTER PARK, FL 32789**New Mailing Address:**1001 N. LAKE DESTINY ROAD
SUITE 125
MAITLAND, FL 32751 US**FEI Number:** 26-0631707**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARMSTRONG, JANICE C
1936 LEE ROAD
SUITE 250
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**ARMSTRONG, JANICE C
1001 N. LAKE DESTINY ROAD
SUITE 125
MAITLAND, FL 32751 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:

08/04/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PRES
Name: SANZ, ELIZABETH
Address: 2808 OAKVILLE PLACE
City-St-Zip: OVIEDO, FL 32765 US**Title:** VP
Name: LAKE, LISA
Address: 5401 RUTHERFORD PLACE
City-St-Zip: OVIEDO, FL 32765 US**Title:** DIR
Name: LANE, CHIQUITA
Address: 5437 RUTHERFORD PLACE
City-St-Zip: OVIEDO, FL 32765 US**Title:** DIR
Name: GOLDBERG, JEREMY
Address: 5305 MOUNT VEEDER WAY
City-St-Zip: OVIEDO, FL 32765 US

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH SANZ

PRES

08/04/2011

Electronic Signature of Signing Officer or Director_____
Date