# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2007**
**Secretary of State**

DOCUMENT# N36609

**Entity Name:** PROVIDENCE HOLLOW OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1786 PROVIDENCE HOLLOW LN
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

1786 PROVIDENCE HOLLOW LN
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

**FEI Number: 59-3147430** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARCHIGIANO, MARIA
1731 PROVIDENCE HOLLOW LN
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | MARCHIGIANO, MARIA | |
| Address: | 1731 PROVIDENCE HOLLOW LN | |
| City-St-Zip: | JACKSONVILLE, FL 32223 US | |
| Title: | VP | ( ) Delete |
| Name: | BROOME, MICHAEL | |
| Address: | 1771 PROVIDENCE HOLLOW LN | |
| City-St-Zip: | JACKSONVILLE, FL 32223 | |
| Title: | SD | ( ) Delete |
| Name: | LOCY, SCOTT | |
| Address: | 1763 PROVIDENCE HOLLOW LN | |
| City-St-Zip: | JACKSONVILLE, FL 32223 | |
| Title: | T | ( ) Delete |
| Name: | VINING, SCOTT | |
| Address: | 1786 PROVIDENCE HOLLOW LANE | |
| City-St-Zip: | JACKSONVILLE, FL 32223 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT VINING T 04/23/2007
Electronic Signature of Signing Officer or Director — Date