


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90044 042 ****61.25

DOCUMENT # N36609	
1. Entity Name PROVIDENCE HOLLOW OWNERS' ASSOCIATION, INC.	

Principal Place of Business 1786 PROVIDENCE HOLLOW LN JACKSONVILLE, FL 32223 US	Mailing Address 1786 PROVIDENCE HOLLOW LN JACKSONVILLE, FL 32223 US
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2. Principal Place of Business - No P.O. Box # 1731 Providence Hollow	3. Mailing Address Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32223	Country US

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03252008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent MARCHIGIANO, MARIA 1731 PROVIDENCE HOLLOW LN JACKSONVILLE, FL 32223	
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4. FEI Number 59-3147430	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCHIGIANO, MARIA 1731 PROVIDENCE HOLLOW LN JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roy Holt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1731 Providence Hollow Ln Jacksonville, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROOME, MICHAEL 1771 PROVIDENCE HOLLOW LN JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lucy Anne Ramos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1803 Providence Hollow Ln Jacksonville, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCY, SCOTT 1763 PROVIDENCE HOLLOW LN JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VINING, SCOTT 1786 PROVIDENCE HOLLOW LANE JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Mari Marchigiano</i>	4-3-08
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #