

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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



FILED

2008 SEP 26 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 1731 PROVIDENCE HOLLOW JACKSONVILLE, FL 32223 US	Mailing Address 1786 PROVIDENCE HOLLOW LN JACKSONVILLE, FL 32223 US
--	---

2. Principal Place of Business - No P.O. Box # 1762 Providence Hollow LN	3. Mailing Address 1762 Providence Hollow LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Jacksonville	City & State Jacksonville
Zip 32223	Country Duval
Zip 32223	Country Duval

09112008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3147430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARCHIGIANO, MARIA 1731 PROVIDENCE HOLLOW LN JACKSONVILLE, FL 32223	7. Name and Address of New Registered Agent Name Ann C. Stoner Street Address (P.O. Box Number is Not Acceptable) 1762 Providence Hollow Lane City Jacksonville FL Zip Code 32223
--	---

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 Ann C. Stoner Ann C. Stoner 9-11-2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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
-----------------------	---	-----------------------------	--

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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marie Combs 1731 Providence Hollow Lane Jacksonville FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMOS, LUCY A 1803 PROVIDENCE HOLLOW LN JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Bobby Johnson 1786 Providence Hollow Lane Jacksonville FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCY, SCOTT 1763 PROVIDENCE HOLLOW LN JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ann C. Stoner 1762 Providence Hollow Lane Jacksonville FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLT, ROY 173A PROVIDENCE HOLLOW LN JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Joel Warner 1755 Providence Hollow Lane Jacksonville FL 32223 <input type="checkbox"/> Change <input checked="" 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

300136464993  
09/30/08--01009--007 \*\*61.25

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: Ann C. Stoner 9-11-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #