

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36609

FILED
Jan 26, 2009
Secretary of State

Entity Name: PROVIDENCE HOLLOW OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1762 PROVIDENCE HOLLOW LN
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

1762 PROVIDENCE HOLLOW LN
JACKSONVILLE, FL 32223 US

Current Mailing Address:

1762 PROVIDENCE HOLLOW LN
JACKSONVILLE, FL 32223 US

New Mailing Address:

1762 PROVIDENCE HOLLOW LN
JACKSONVILLE, FL 32223 US

FEI Number: 59-3147430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONER, ANN C
1762 PROVIDENCE HOLLOW LANE
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: COMBS, MARIE
Address: 1771 PROVIDENCE HOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP () Delete
Name: RAMOS, LUCY A
Address: 1803 PROVIDENCE HOLLOW LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP () Delete
Name: JOHNSON, BOBBY
Address: 1786 PROVIDENCE HOLLOW LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: O () Delete
Name: WARNER, JOEL
Address: 1755 PROVIDENCE HOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: T () Delete
Name: STONER, ANN C
Address: 1762 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: ANN C. STONER

T

01/26/2009

Electronic Signature of Signing Officer or Director

Date