

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46860

FILED
Jun 16, 2009
Secretary of State

Entity Name: PROVINCIAL ASSOCIATION, INC.

Current Principal Place of Business:

6005 MIDNIGHT PASS RD
APT S-6
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

6005 MIDNIGHT PASS RD
APT S-6
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 59-1854415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LACKTMAN, LESLIE R
6005 MIDNIGHT PASS
APT S-6
SARASOTA, FL 34242 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LACKTMAN, LESLIE
Address: 6005 MIDNIGHT PASS #S6
City-St-Zip: SARASOTA, FL 34242

Title: VPD () Delete
Name: MITCHELL, DAVID
Address: 6005 MIDNIGHT PASS RD. N-14
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: MURPHY, JOHN
Address: 6005 MIDNIGHT PASS N 3
City-St-Zip: SARASOTA, FL 34242

Title: TREA () Delete
Name: MANJONE, RICHARD L
Address: 6005 MIDNIGHT PASS RD S-1
City-St-Zip: SARASOTA, FL 34242 US

Title: SD () Delete
Name: STARCHER, LINDA
Address: 6005 MIDNIGHT PASS APT. S-8
City-St-Zip: SARASOTA, FL 34242

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: LESLIE LACKTMAN

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date