

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002999 (9)

1. Corporation Name

PROVIDENCIA PARK BUSINESS ASSOCIATION, INC.

Principal Place of Business

**1000 N. DIXIE
WEST PALM BEACH FL 33401**

Mailing Address

**1000 N. DIXIE
WEST PALM BEACH FL 33401**



3. Date Incorporated or Qualified
06/22/1995

3a. Date of Last Report
4/3/96

2. Principal Place of Business

2a. Mailing Address

21 **1000 N. DIXIE**
Suite, Apt. #, etc.

26 **1000 N. DIXIE**
Suite, Apt. #, etc.

4. FEI Number

65-0596163

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

23 **WEST PALM BEACH FL**
City & State

28 **WEST PALM BEACH FL**
City & State

24 **33401** 25 **P.B.**
Zip Country

29 **33401** 30 **P.B.**
Zip Country

9. Name and Address of Current Registered Agent

**PEARL, WILLIAM
1000 N. DIXIE
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **D**
NAME **PEARL, WILLI M**
STREET ADDRESS **1000 N. DIXIE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D**
NAME **CARRELLI, EDWARD**
STREET ADDRESS **915 N. DIXIE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D**
NAME **MCCANDLESS, SHERRY**
STREET ADDRESS **919 N. DIXIE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D**
NAME **PINO, OSVALDO**
STREET ADDRESS **5601 PARK CIRCLE EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D**
NAME **PINO, OSVALDO**
STREET ADDRESS **5601 PARK CIRCLE EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D**
NAME **PINO, OSVALDO**
STREET ADDRESS **5601 PARK CIRCLE EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Osvaldo M Pino** **OSVALDO M PINO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96
Date

407-582-1086
Daytime Phone #

CR2E037 (12/95)