

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90018 017 ****61.25

DOCUMENT # N97000006581

1. Entity Name

PROVENCE OF NAPLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**4151 GULF SHORE BV N
NAPLES FL 34103**

Mailing Address

**4151 GULF SHORE BV N
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3507007**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYNN, ARNOLD L
4151 GULF SHORE LVD NORTH
STE 306
NAPLES FL 34103**

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD SULZMANN, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	4151 GULF SHORE BV N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	VPD FLEISCHMAN, PAT	<input type="checkbox"/> Delete
STREET ADDRESS	4151 GULF SHORE BV N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	VPD HAZELBAKER, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS	4151 GULF SHORE BV N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	SD JONES, JENNIE	<input type="checkbox"/> Delete
STREET ADDRESS	4151 GULF SHORE BV N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	TD BRENNAN, TERRY	<input type="checkbox"/> Delete
STREET ADDRESS	4151 GULF SHORE BV N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	D LEVE, JUDSON	<input type="checkbox"/> Delete
STREET ADDRESS	4151 GULF SHORE BV N	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/02)