

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002690

FILED
Feb 24, 2009
Secretary of State

Entity Name: PROVIDENCE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

171 FLUORSHIRE DR.
BRANDON, FL 33511

New Principal Place of Business:

1321 KELRIDGE PLACE
BRANDON, FL 33511

Current Mailing Address:

PO BOX 13506
TAMPA, FL 33681

New Mailing Address:

FEI Number: 59-3582163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFEIFFER, JOYCE A
3809 N OAK DRIVE
TAMPA, FL 33611 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: D () Delete
Name: BRITTON, GREGG
Address: 1340 KELRIDGE PL
City-St-Zip: BRANDON, FL 33511

Title: DP () Delete
Name: BARNUM, JOE
Address: 1321 KELRIDGE PL
City-St-Zip: BRANDON, FL 33511

Title: DT () Delete
Name: LAMBERT, JANET
Address: 2018 FLUORHSIRE DR
City-St-Zip: SUN CITY CENTER, FL 33571

Title: D () Delete
Name: WOMBLE, ROBERTA
Address: 1342 KELRIDGE PL
City-St-Zip: BRANDON, FL 33511

Title: D (X) Delete
Name: DEMORAY, LYNN
Address: 1305 KELRIDGE PL
City-St-Zip: SUN CITY CENTER, FL 33571

Title: DV (X) Delete
Name: IENNA, CHRISTINEA
Address: 1620 FLUORSHIRE DR
City-St-Zip: SUN CITY CENTER, FL 33571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DUVALL, PATRICIA
Address: 2022 FLUORSHIRE DR.
City-St-Zip: BRANDON, FL 33511

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

Title: DVP (X) Change () Addition
Name: LAMBERT, JANET
Address: 2018 FLUORHSIRE DR
City-St-Zip: BRANDON, FL 33511

Title: D (X) Change () Addition
Name: DEMORAY, LYNN
Address: 1305 KELRIDGE PL.
City-St-Zip: BRANDON, FL 33511

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: JOYCE A. PFEIFFER

LCAM

02/24/2009

Electronic Signature of Signing Officer or Director

Date