

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030508

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: PROVIDENCE PLACE APARTMENTS, INC.

## Current Principal Place of Business:

1251 AVENUE OF THE AMERICAS, 36TH FLOOR  
C/O SENTINEL REAL ESTATE  
NEW YORK, NY 10020 US

## New Principal Place of Business:

## Current Mailing Address:

1251 AVENUE OF THE AMERICAS, 36TH FLOOR  
C/O SENTINEL REAL ESTATE  
NEW YORK, NY 10020 US

## New Mailing Address:

FEI Number: 59-3503743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STREICKER, JOHN H  
Address: 1251 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10020

Title: V ( ) Delete  
Name: BELLI, NOEL G  
Address: 1251 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10020

Title: V ( ) Delete  
Name: TIETJEN, GEORGE  
Address: 1251 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10020

Title: S ( ) Delete  
Name: WATTERS, CONNELL J  
Address: 1251 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10020

Title: T ( ) Delete  
Name: ROTH, LELAND  
Address: 1251 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10020

## 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNELL J WATTERS

MGR

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date