

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012461

Entity Name: PROVENCIA AT PASEO NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH ST SUITE A
CAPE CORAL, FL 33909

Current Mailing Address:

C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH ST SUITE A
CAPE CORAL, FL 33909 US

FEI Number: 20-8076534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRICAS, TOSH
C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH ST SUITE A
CAPE CORAL, FL 33909 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: TOSH TRICAS

01/23/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GORDAN, RUSSELL
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH ST SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title VP
Name SCHULMAN, SHELDON
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH ST SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title TREASURER
Name DELUCA, MICHAEL
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH ST SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title SECRETARY
Name TRAUB, SCOTT
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH ST SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name BAHL, ROBERT
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH ST SUITE A
City-State-Zip: CAPE CORAL FL 33909

I hereby 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 all other like empowered.

SIGNATURE: GORDAN RUSSELL

P

01/23/2019

Electronic Signature of Signing Officer/Director Detail

Date