

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012461

Entity Name: PROVENCIA AT PASEO NEIGHBORHOOD ASSOCIATION, INC.**FILED**
Feb 24, 2021
Secretary of State
9834843836CC**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**02/24/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	TREASURER
Name	LISICKI, JOHN
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	HEETHER, JAMES
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: GORDON RUSSELL**PRESIDENT****02/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date