

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006437

**FILED**  
**Feb 04, 2014**  
**Secretary of State**  
**CC7942188081**

**Entity Name:** PROVENCE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6019 NW 90ST  
GAINESVILLE, FL 32653

**Current Mailing Address:**

6019 NW 90ST  
GAINESVILLE, FL 32653 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ZAMBELLI, RICHARD MM  
6407 NW 81 BLVD  
GAINESVILLE, FL 32653 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ZAMBELLI, RICHARD  
Address 6019 NW 90ST  
City-State-Zip: GAINESVILLE FL 32653

Title D  
Name ZAMBELLI, MICHELLE  
Address 6019 NW 90ST  
City-State-Zip: GAINESVILLE FL 32653

Title D  
Name ZAMBELLI, BETTY  
Address 6019 NW 90ST  
City-State-Zip: GAINESVILLE FL 32653

*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: RICHARD ZAMBELLI**

**MM**

**02/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date