

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006581

Entity Name: PROVENCE OF NAPLES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4151 GULF SHORE BLVD N
NAPLES, FL 34103**Current Mailing Address:**4151 GULF SHORE BLVD N
NAPLES, FL 34103**FEI Number: 59-3507007****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MULLER, DAVID G ESQ.
BECKER & POLIAKOFF
4001 TAMiami TRAIL N. SUITE 270
NAPLES, FL 34103 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: DAVID G. MULLER, ESQ.****03/28/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MALVASO, JAMES
Address 4151 GULF SHORE BLVD N. #2001
City-State-Zip: NAPLES FL 34103

Title S
Name MCLACHLAN, GAIL
Address 4151 GULF SHORE BLVD N #502
City-State-Zip: NAPLES FL 34103

Title ASST. TREASURER
Name BRENNAN, TERRANCE
Address 4151 GULF SHORE BLVD N #605
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name LACY, CRAIG
Address 4151 GULF SHORE BLVD N #802
City-State-Zip: NAPLES FL 34103

Title VP
Name JACOBSON, LARRY
Address 4151 GULF SHORE BLVD.
 1001
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name CAMPBELL, THOMAS
Address 4151 GULF SHORE BLVD.
 1604
City-State-Zip: NAPLES FL 34103

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: JAMES MALVASO**PRESIDENT****03/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date