

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762271

**Entity Name:** PROVINCETOWN CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3400 NEW SOUTH PROVINCE BLVD  
FORT MYERS, FL 33907**Current Mailing Address:**3400 NEW SOUTH PROVINCE BLVD  
FORT MYERS, FL 33907 US**FEI Number: 59-1507784****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ELIA, WILLIAM M  
3400 NEW SOUTH PROVINCE BLVD  
FORT MYERS, FL 33907 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: WILLIAM M. ELIA****01/10/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            EGAN, JOE  
Address        3400 NEW SOUTH PROVINCE BLVD  
City-State-Zip: FORT MYERS FL 33907

Title            VP  
Name            KOOSMAN, KONRAD  
Address        3400 NEW SOUTH PROVINCE BLVD  
City-State-Zip: FORT MYERS FL 33907

Title            DIRECTOR  
Name            NELSON, ROD  
Address        3400 NEW SOUTH PROVINCE BLVD  
City-State-Zip: FORT MYERS FL 33907

Title            SECRETARY  
Name            HOUSE, TRACY  
Address        3400 NEW SOUTH PROVINCE BLVD  
City-State-Zip: FORT MYERS FL 33907

Title            TREAS.  
Name            SHOBE, KANDY  
Address        3400 NEW SOUTH PROVINCE BLVD  
City-State-Zip: FORT MYERS FL 33907

Title            DIRECTOR  
Name            HARITOS, PENNY  
Address        3400 NEW SOUTH PROVINCE BLVD  
City-State-Zip: FORT MYERS FL 33907

Title            DIRECTOR  
Name            HINES, WALTON  
Address        3400 NEW SOUTH PROVINCE BLVD  
City-State-Zip: FORT MYERS FL 33907

*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: EGAN, JOE****PRESIDENT****01/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date