

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L74221 (7)**

1. Corporation Name  
**COMMUNITY MANAGEMENT ASSOCIATES, INC.**

Principal Place of Business	Mailing Address
% GALE W. BUCHANAN 2221 ORCHARD PARK DRIVE SPRING HILL FL 34608	% GALE W. BUCHANAN 2221 ORCHARD PARK DRIVE SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/17/1990</b>	3a. Date of Last Report <b>03/17/1994</b>
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3015910		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22 <b>2292 AUGUSTA DR</b>		27 <b>2292 AUGUSTA DR</b>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23 <b>SPRING HILL, FL</b>		28 <b>SPRING HILL, FL</b>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24 <b>34606</b>	25	29 <b>34606</b>	30				

9. Name and Address of Current Registered Agent

BUCHANAN, GALE W.  
2221 ORCHARD PARK DRIVE  
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2292 AUGUSTA DR</b>
83	
84 City	<b>SPRING HILL FL 85 34606</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of current or former registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, GALE W.	1.2 NAME	
STREET ADDRESS	2221 ORCHARD PARK DR.	1.3 STREET ADDRESS	<b>2292 AUGUSTA DR</b>
CITY- ST- ZIP	SPRING HILL FL	1.4 CITY- ST- ZIP	<b>SPRING HILL, FL 34606</b>
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, JOAN A.	2.2 NAME	
STREET ADDRESS	2221 ORCHARD PARK DR.	2.3 STREET ADDRESS	<b>2292 AUGUSTA DR</b>
CITY- ST- ZIP	SPRING HILL FL	2.4 CITY- ST- ZIP	<b>SPRING HILL, FL 34606</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gale W. Buchanan, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/95 914-596-6307**  
DATE PHONE