2007 NOT-FOR-PROFIT CORPORATION

FILED Apr 02, 2007 8:00 am Secretary of State

03-19-2007 90071 040 ****61 25

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1. Entity Nam	MENT # N00000001 OINTE HOMEOWNERS' AS					eeni)7 4 61		
	NITY MGMT PROPR, INC. AN RD., STE 450	Mailing Address C/O COMMUNITY MGMT 5401 KIRKMAN RD., STE ORLANDO, FL 32819			1 in en kal an sekk				(5) (1) (1) (1) (1) (1)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242007 C	hg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number 59-367305	52			pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and Add	iress of New	Registered	Agent	
COMMUNITY MANAGEMENT PROFESSIONALS, INC.			Name						
5401 KIRK	(MAN RD., STE. 450), FL 32819		Street	Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Cod	te
	named entity submits this statement for	the purpose of changing its r	egistered office	or register	ed agent, or both, in	the State of I	Florida, Iam	familiar with,	, and accept
rue condar	tions of registered agent.								
	:								
SIGNATURE.									
SIGNATURE .	Signature, typed or printed name of registered agent a	no sde if applicable. (NOTE:	Registered Agent sign	EUVR I ROUTED	when revnezating)		DATE		
SIGNATURE.	Signature, typed or profess remained agent a Filling Fee is \$81.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	EUR INQUENC	\$5.00 May Be Added to Fees	Fi	DATE Make chec orida Depar		
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees ADDITIONS/CHANG	ES TO OFFIC	Make chec orlda Depar ERS AND DI	RECTORS IN	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 empoyered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OF DIRECTOR

3/12/07

Daytime Phone #