

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 MAY 13 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03242008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2446390

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONSOLIDATED COMMUNITY MANAGEMENT
C/O CCM
10034 W. MCNAB RD
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name
NERDINSKY LAW GROUP, PA
Street Address (P.O. Box Number is Not Acceptable)
1250 E HALLANDALE BEACH BLVD
STE 605
City
HALLANDALE FL Zip Code
33009

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/08
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, PATRICIA	
STREET ADDRESS	21155 HELMSMAN DR #M14	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	THIER, CRAIG	
STREET ADDRESS	21388 MARINA COVE CIR #G15	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	STRD	<input type="checkbox"/> Delete
NAME	ZELIGMAN, FRAN	
STREET ADDRESS	21244 HARBOR WAY #217	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHEPPARD, SHELLY	
STREET ADDRESS	21228 HARBOR WAY #252	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRABOR, JEFF	
STREET ADDRESS	21399 MARINA COVE CIR #M16	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	FELDMAN, JEFF	
CITY-ST-ZIP	21395 MARINA COVE CIR #L14	
	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered 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:

PATRICIA ROGERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2008

Date

954.718.9903

Daytime Phone #

KS