

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003801

**FILED**  
**Mar 22, 2013**  
**Secretary of State**  
**CC2807963724**

**Entity Name:** NORTH EAST COMMUNITY ASSOCIATION MANAGERS, INC

**Current Principal Place of Business:**

1065 MAITLAND CENTER COMMONS BLVD  
MAITLAND, FL 32751

**Current Mailing Address:**

1065 MAITLAND CENTER COMMONS BLVD  
MAITLAND, FL 32751

**FEI Number:** 26-2432516

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLAYTON & MCCULLOH  
1065 MAITLAND CENTER COMMONS BLVD.  
MAITLAND, FL 32751 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name MAPILI, BERNIE  
Address 2471 ALOMA AVE STE 101  
City-State-Zip: WINTER PARK FL 32792

Title P  
Name RING, ARLENE  
Address 1065 MAITLAND CENTER COMMONS  
BLVD.  
City-State-Zip: MAITLAND FL 32751

Title VP  
Name KUISLE, MATTHEW  
Address 101 EAST KENNEDY BLVD, SUITE  
1465  
City-State-Zip: TAMPA FL 33602

Title D  
Name HEIN, MARK  
Address 5401 S KIRKMAN RD STE 310  
City-State-Zip: ORLANDO FL 32819

Title S  
Name MAYER, MICHAEL  
Address 7235 BONNEVAL ROAD  
City-State-Zip: JACKSONVILLE FL 32256

*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:** BERNIE T MAPILI

**TREASURER**

**03/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date