

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90286 005 ***150.00

DOCUMENT # G75152

1. Entity Name
**CONDOMINIUM ASSOCIATION MANAGEMENT
COMPANY**



Principal Place of Business
**% THEODORE D. RAHE
327 ELDREDGE RD.
FT. WALTON BEACH, FL 32547-1308**

Mailing Address
**% THEODORE D. RAHE
327 ELDREDGE RD.
FT. WALTON BEACH, FL 32547-1308**

40067773



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2415823

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RAHE, THEODORE D.
327 ELDREDGE RD.
FT. WALTON BEACH, FL 32548**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
NAME **ABEL, SERRA R**
STREET ADDRESS **14 CAMBRIDGE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **T** ☒ Delete
NAME **ABEL, GREGG**
STREET ADDRESS **14 CAMBRIDGE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **P** ☐ Delete
NAME **RAHE, THEODORE D**
STREET ADDRESS **327 ELDRIDGE ROAD**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **V** ☐ Delete
NAME **RAHE, MARY W**
STREET ADDRESS **327 ELDRIDGE ROAD**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Mary W. Rahe Mary W. Rahe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05 850 244-4418
Date Daytime Phone #