


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90118 027 ***150.00

DOCUMENT # G95529 1. Entity Name COMMUNITY ASSOCIATION SERVICES, INC.					
Principal Place of Business 951 BROKEN SOUND PKWY. #250 BOCA RATON, FL 33487			Mailing Address 951 BROKEN SOUND PKWY. #250 BOCA RATON, FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2397469	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MESSINGER, JOEL 951 BROKEN SOUND PKWY. #250 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
PD	MESSINGER, JOEL	951 BROKEN SOUND PKWY.	BOCA RATON, FL 33484		
VPD	MESSINGER, NANCY	951 BROKEN SOUND PKWY, SUITE 250	BOCA RATON, FL 33484		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Nancy Messinger</i> 4/29/05					