

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K43280 (2)

1. Corporation Name:  
ASSOCIATION MANAGERS INCORPORATED

Principal Place of Business

71 WILLOW RD  
P.O. BOX 4586  
TEQUESTA FL 33469

Mailing Address

71 WILLOW RD  
P.O. BOX 4586  
TEQUESTA FL 33469-9586

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 4586

27 City & State

28 Tequesta FL

29 33469 30 U.S.

9. Name and Address of Current Registered Agent

STRAND, CHRISTOPHER P.  
71 WILLOW RD  
TEQUESTA FL 33469

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE

Signature of person for whom the corporation is filing this report

Signature of Registered Agent (signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                   | STREET ADDRESS | CITY-STATE-ZIP | DELETE                   |
|-------|------------------------|----------------|----------------|--------------------------|
| PTD   | STRAND, CHRISTOPHER P. | 71 WILLOW RD   | TEQUESTA FL    | <input type="checkbox"/> |
| VSD   | STRAND, JANET H.       | 71 WILLOW RD   | TEQUESTA FL    | <input type="checkbox"/> |
|       |                        |                |                | <input type="checkbox"/> |
|       |                        |                |                | <input type="checkbox"/> |
|       |                        |                |                | <input type="checkbox"/> |
|       |                        |                |                | <input type="checkbox"/> |
|       |                        |                |                | <input type="checkbox"/> |
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|       |                        |                |                | <input type="checkbox"/> |

13.

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-STATE-ZIP | 15 TITLE | 16 NAME | 17 STREET ADDRESS | 18 CITY-STATE-ZIP | 19 TITLE | 20 NAME | 21 STREET ADDRESS | 22 CITY-STATE-ZIP | 23 TITLE | 24 NAME | 25 STREET ADDRESS | 26 CITY-STATE-ZIP | 27 TITLE | 28 NAME | 29 STREET ADDRESS | 30 CITY-STATE-ZIP |
|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|
|          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-STATE-ZIP | 15 TITLE | 16 NAME | 17 STREET ADDRESS | 18 CITY-STATE-ZIP | 19 TITLE | 20 NAME | 21 STREET ADDRESS | 22 CITY-STATE-ZIP | 23 TITLE | 24 NAME | 25 STREET ADDRESS | 26 CITY-STATE-ZIP | 27 TITLE | 28 NAME | 29 STREET ADDRESS | 30 CITY-STATE-ZIP |
|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|
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|          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this filing, or on an attachment with an address.

FILED  
Mar 18 1997 8:00am  
Secretary of State



3. Date Incorporated or Qualified: 11/01/1988  
3a. Date of Last Report: 04/16/1996  
4. FEI Number: 65-0093538  
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No  
10. Name and Address of New Registered Agent

CR2E034 (9/96)