2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002844

City-St-Zip:

STUART, FL 34997

Entity Name: CONDOMINIUM AND HOMEOWNERS ACCOUNTING, LLC

FILED Jan 07, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 **Current Mailing Address: New Mailing Address:** 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 FEI Number: 51-0418940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAWVER, C.F. 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete SHEA, BARBARA Name: Name: Address: 766 NW VANDA TERRADO Address: City-St-Zip: JENSEN BEACH, FL 349580065 City-St-Zip: Title: MGR Title: MGR (X) Change () Addition () Delete Name: SAHWVER, C.F. Name: SHAWVER, C.F. Address: 946 SW CATA LINA ST. Address: 946 SW CATA LINA ST. PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KERT, LORRAINE H Name: Name: 4548 SE POMPANO TERRACE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: LORRAINE H. KERT MGR 01/07/2009