

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L74221 (7)**

1. Corporation Name
COMMUNITY MANAGEMENT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% GALE W. BUCHANAN 2221 ORCHARD PARK DRIVE SPRING HILL FL 34608	% GALE W. BUCHANAN 2221 ORCHARD PARK DRIVE SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/17/1990	3a. Date of Last Report 03/17/1994
4. FEI Number 59-3015910	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 2292 AUGUSTA DR	27 2292 AUGUSTA DR
City & State	City & State
23 SPRING HILL, FL	28 SPRING HILL, FL
Zip	Zip
24 34606	29 34606
Country	Country
25	30

9. Name and Address of Current Registered Agent

**BUCHANAN, GALE W.
2221 ORCHARD PARK DRIVE
SPRING HILL FL 34608**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2292 AUGUSTA DR
83
84 City
SPRING HILL
FL
85 Zip Code
34606

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 607.0505, Florida Statutes.

SIGNATURE

Signature of Trustee or person named as registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUCHANAN, GALE W.
STREET ADDRESS	2221 ORCHARD PARK DR.
CITY- ST - ZIP	SPRING HILL FL
TITLE	D
NAME	BUCHANAN, JOAN A.
STREET ADDRESS	2221 ORCHARD PARK DR.
CITY- ST - ZIP	SPRING HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2292 AUGUSTA DR
1.4 CITY- ST - ZIP	SPRING HILL, FL 34606
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2292 AUGUSTA DR
2.4 CITY- ST - ZIP	SPRING HILL, FL 34606
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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 if changed, or on an attachment with an address.

SIGNATURE: **Gale W. Buchanan, Director**

3/7/95 914-596-6307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR