FILE NOW: FILING FEE AFTER MAY 1 IS $226.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M79872** **(1)**

1. Corporation Name
COMMUNITY MANAGEMENT CORP.

Principal Place of Business	Mailing Address
1100 5TH AVE. S. SUITE 401 NAPLES FL 33940-7037	1100 5TH AVE. S. SUITE 401 NAPLES FL 33940-7037

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/09/1988**
3a. Date of Last Report: **02/25/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **65-0050394** ☐ Applied For ☐ Not Applicable

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

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

8. Name and Address of Current Registered Agent

SEXTON, DAVID N
% BOND, SCHOENECK & KING
1167 THIRD STREET SOUTH #107
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Richard Taylor
82 Street Address (P.O. Box Number is Not Acceptable): 1100 Fifth Avenue South
83: Suite 401
84 City: Naples **FL** 85 Zip Code: 33940

11. Pursuant to the provisions of Section 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: _____ Richard Taylor 3/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	Director, Pres., Treasurer	XX Change ☐ Addition
NAME	KAYE, STUART O	1.2 NAME	Kaye, Stuart O.	
STREET ADDRESS	649 FIFTH AVE. SOUTH	1.3 STREET ADDRESS	1100 Fifth Avenue South Suite 401	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE		2.1 TITLE	VP-Finance, Secretary	☐ Change XX Addition
NAME		2.2 NAME	Richard Taylor	
STREET ADDRESS		2.3 STREET ADDRESS	1100 Fifth Avenue South Suite 401	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE		3.1 TITLE	VP, Secretary	☐ Change XX Addition
NAME		3.2 NAME	C. Jay Kaye	
STREET ADDRESS		3.3 STREET ADDRESS	1100 Fifth Avenue South Suite 401	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: _____ Stuart O. Kaye 3/7/95 (813) 649-1952
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0830740 CP