

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90021 014 ***150.00

DOCUMENT # M86802

1. Corporation Name

COMMUNITY ASSOCIATION MANAGEMENT, INC.

Principal Place of Business
4782 PEBBLE BROOK DR.
OLDSMAR FL 34677

Mailing Address
4782 PEBBLE BROOK DR.
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1988

2. Principal Place of Business

21 1615 ORCHARDGROVE AVE.

Suite, Apt. #, etc.

22

City & State

23 NEW PORT RICHEY, FL

Zip

24 34655

Country

25 U.S.A.

2a. Mailing Address

26 1615 ORCHARDGROVE AVE.

Suite, Apt. #, etc.

27

City & State

28 NEW PORT RICHEY, FL

Zip

29 34655

Country

30 U.S.A.

4. FEI Number

65-0056528

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FINN, PETER G.
4782 PEBBLE BROOK DR.
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

PETER G. FINN

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

1615 ORCHARDGROVE AVE.

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34655

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 the individual named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FINN, PETER G.
STREET ADDRESS 4782 PEBBLE BROOK DR.
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1615 ORCHARDGROVE AVE.
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL, 34655

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99

727-376-1159

Date

Daytime Phone #

CR2E034 (11/98)