

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP 26 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00063695

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000005742

1. Entity Name

COMMUNITY ASSOCIATION NETWORK, INC.

Principal Place of Business

Mailing Address

9500 S. Dadeland Blvd (same)
SUITE 550
MIAMI, FL 33156

2. Principal Place of Business

3. Mailing Address

(same) (same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651041980

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael E. Rehr
75 Valencia Avenue - 4th Floor
CORAL GABLES, FL 33134

Name

MICHAEL E. REHR, ESQ.

9500 S. Dadeland Blvd.

Suite 550

City

Miami, FL 33186

FL

Zip Code

8. 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

Michael E. Rehr, Esq.
MICHAEL E. REHR

(NOTE: Registered Agent signature required when re-registering)

DATE

7/16/01

FILE NOW
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President, Director
NAME: Michael E. Rehr
STREET ADDRESS: 9500 S. Dadeland Blvd - #550
CITY-ST-ZIP: MIAMI, FL 33156

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE: Vice-President, Director
NAME: Karen Salvat
STREET ADDRESS: 9655 S. Dixie Highway - #300
CITY-ST-ZIP: MIAMI, FL 33156

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE: Secretary, Director
NAME: Jerry J. Brown
STREET ADDRESS: 11578 SW 132nd Avenue
CITY-ST-ZIP: MIAMI, FL 33156

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE: Treasurer, Director
NAME: Sue Buetha
STREET ADDRESS: 13388 SW 128th Street
CITY-ST-ZIP: MIAMI, FL 33186

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. Rehr, President
MICHAEL E. REHR

7/16/01 305 670-8993

Date

Daytime Phone #

CR2E037 (1/00)