

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002505

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** FLORIDA COMMUNITY ASSOCIATION MANAGERS ALLIANCE, INC.

**Current Principal Place of Business:**

133 E CENTRAL AVENUE  
HOWEY-IN-TH-HILLS, FL 34737

**New Principal Place of Business:**

**Current Mailing Address:**

133 E CENTRAL AVENUE  
HOWEY-IN-TH-HILLS, FL 34737

**New Mailing Address:**

**FEI Number:** 33-1054183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, FRED R  
133 E CENTRAL AVENUE  
HOWEY-IN-TH-HILLS, FL 34737 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: GRAY, FRED R  
Address: 1110 N LAKESHORE BLVD  
City-St-Zip: HOWEY-IN-TH-HILLS, FL 34737

Title: DVS ( ) Delete  
Name: BENSON, MARK R  
Address: 12650 WHITEHALL DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete  
Name: GRAY, SUZANNE J  
Address: 1110 N LAKESHORE BLVD  
City-St-Zip: HOWEY-IN-TH-HILLS, FL 34737

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED R GRAY

PRES

04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date