

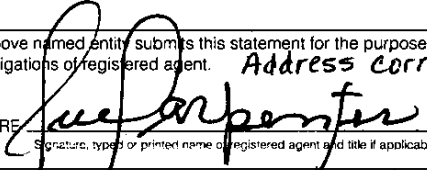
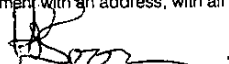


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N04000002849</b> 1. Entity Name <b>THE COMMONS HOMEOWNERS ASSOCIATION, INC.</b>						05 SEP 20 11:10:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 																											
Principal Place of Business <b>COMMUNITY MGMT PROFESSIONALS 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819</b>				Mailing Address <b>COMMUNITY MGMT PROFESSIONALS 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819</b>																													
2. Principal Place of Business		3. Mailing Address		08222005 Chg-NP CR2E037 (10/03)		4. FEI Number <b>56-2449638</b>		Applied For Not Applicable																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
Zip		Country		Zip		Country																											
6. Name and Address of Current Registered Agent <b>COMM MGMT PROFESSIONALS INC 5401 S KIRKMAN RD ORLANDO, FL 32819</b>						7. Name and Address of New Registered Agent Name <b>Comm. Mgmt. Professionals Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>5401 S. Kirkman Rd</b> <b>Suite 450</b> City <b>Orlando</b> FL <b>32819</b>																											
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. I am familiar with, and accept the obligations of registered agent. <b>Address correction only.</b>																																	
SIGNATURE  <b>President</b>						DATE <b>8/30/05</b>																											
Amended AR is \$61.25						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State																							
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																											
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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: 						Peter Boorman Date <b>8/30/05</b> Daytime Phone # <b>407-903-9969</b>																											