2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N23821

Entity Name: CAROLINA MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRITY PROPERTY MGMT. INC.
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRITY PROPERTY MGMT. INC.
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0050284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTEGRITY PROPERTY MGMT. INC.
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 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:	PD	( ) Delete
Name:	BENOIT, JANIS	
Address:	3441 GREENVIEW TERRACE W.	
City-St-Zip:	MARGATE, FL	
Title:	D	( ) Delete
Name:	POLETTI, KEVIN	
Address:	7441 NW 29TH ST	
City-St-Zip:	MARGATE, FL 33063	
Title:	SD	( ) Delete
Name:	MORITT, JANET	
Address:	7696 HIGHLANDS CIRCLE	
City-St-Zip:	MARGATE, FL 33063	
Title:	TD	( ) Delete
Name:	PITTERSON, JANET	
Address:	2060 BAYBERRY WAY	
City-St-Zip:	MARGATE, FL 33063	
Title:	V	( ) Delete
Name:	BARTLETT, CAROLE	
Address:	2905 NW 70TH AVE	
City-St-Zip:	MARGATE, FL 33063	

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:	
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 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: JANIS BENOIT PD 04/23/2009
Electronic Signature of Signing Officer or Director — Date