

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000217

FILED  
Jan 20, 2011  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, INC.

**Current Principal Place of Business:**

9013 UNIVERSITY PKWY.  
STE. A  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

9013 UNIVERSITY PKWY.  
STE. A  
PENSACOLA, FL 32514 US

**New Mailing Address:**

235 E NNE MILE RD  
STE. 9  
PENSACOLA, FL 32534 US

**FEI Number:** 59-2232112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAINEY, WILLIAM D PRES  
9013 UNIVERSITY PKWY  
STE. A  
PENSACOLA, FL 32514 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: P  
Name: GAINEY, WILLIAM D  
Address: 9013 UNIVERSITY PKWY. STE. A  
City-St-Zip: PENSACOLA, FL 32514 US

Title: T  
Name: NICHOLSON, BEVERLY  
Address: 9013 UNIVERSITY PKWY. STE. A  
City-St-Zip: PENSACOLA, FL 32514 US

Title: VP  
Name: MCDOWELL, JORDAN  
Address: 9013 UNIVERSITY PKWY. STE. A  
City-St-Zip: PENSACOLA, FL 32514 US

Title: S  
Name: HACKETT, JOANNA  
Address: 9013 UNIVERSITY PKWY. STE. A  
City-St-Zip: PENSACOLA, FL 32514 US

Title: D  
Name: HAGENSICK, BRIAN  
Address: 9013 UNIVERSITY PKWY. STE. A  
City-St-Zip: PENSACOLA, FL 32514 US

Title: D  
Name: BROCK, MICHAEL  
Address: 9013 UNIVERSITY PKWY. STE. A  
City-St-Zip: PENSACOLA, FL 32514 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM D GAINEY

P

01/20/2011

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

\_\_\_\_\_  
Date