

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003997

FILED
Jan 06, 2004
Secretary of State**Entity Name:** PROFESSIONAL COMMUNITY MANAGERS ASSOCIATION, INC.**Current Principal Place of Business:**5730 MIDNIGHT PASS ROAD
SARASOTA, FL 34242**New Principal Place of Business:****Current Mailing Address:**5730 MIDNIGHT PASS ROAD
SARASOTA, FL 34242**New Mailing Address:****FEI Number:** 59-3427146**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MERRITT, PAUL E
5730 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 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: MERRITT, PAUL
Address: 5730 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: VPD () Delete
Name: FARR, JANIS
Address: 1111 N. GULFSTREAM AVE
City-St-Zip: SARASOTA, FL 34236

Title: SD () Delete
Name: SMITH, MAGGIE
Address: 5855 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: TD () Delete
Name: BOWERMASTER, RUFUS
Address: 2903 97TH AVE EAST
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: KINNEY, JOE
Address: 5955 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: CROSS, DARLENE
Address: 6480 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MERRITT, PAUL
Address: 5730 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: PD (X) Change () Addition
Name: FARR, JANIS
Address: 1111 N. GULFSTREAM AVE
City-St-Zip: SARASOTA, FL 34236

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

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

Title: VPD (X) Change () Addition
Name: ROWLANDS, TERRI
Address: 777 BEACH RD.
City-St-Zip: SARASOTA, FL 34242

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 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 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: PAUL E. MERRITT

D

01/06/2004

Electronic Signature of Signing Officer or Director

Date