
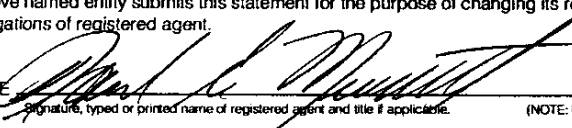
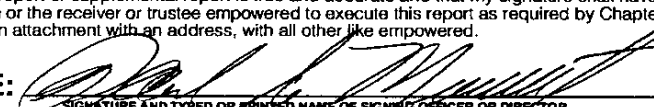


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90034 005 \*\*\*\*61.25

<b>DOCUMENT # N94000003997</b> 1. Entity Name <b>PROFESSIONAL COMMUNITY MANAGERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5730 MIDNIGHT PASS ROAD SARASOTA, FL 34242</b>			Mailing Address <b>5730 MIDNIGHT PASS ROAD SARASOTA, FL 34242</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MERRITT, PAUL E</b> <b>5730 MIDNIGHT PASS ROAD</b> <b>SARASOTA, FL 34242</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1/3/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MERRITT, PAUL</b>		NAME		
STREET ADDRESS	<b>5730 MIDNIGHT PASS RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34242</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BEZ, FRED</b>		NAME	<b>TD</b>	
STREET ADDRESS	<b>6327 MIDNIGHT PASS RD</b>		STREET ADDRESS	<b>Bez, Fred</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34242</b>		CITY-ST-ZIP	<b>6327 midnight Pass Rd</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, MAGGIE</b>		NAME		
STREET ADDRESS	<b>5855 MIDNIGHT PASS RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34242</b>		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BOWERMASTER, RUFUS</b>		NAME	<b>D</b>	
STREET ADDRESS	<b>309 10TH ST. W.</b>		STREET ADDRESS	<b>Kistine Mowery</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>		CITY-ST-ZIP	<b>101 S. Gulfstream Ave</b>	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROWLANDS, TERRI</b>		NAME		
STREET ADDRESS	<b>777 BEACH RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34242</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROMANO, JANET</b>		NAME		
STREET ADDRESS	<b>2 NORTH TAMiami TRAIL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 637, 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <span style="float: right;"><small>Daytime Phone #</small></span>					



01032006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3427146**

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**