

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003997

FILED
Jan 16, 2009
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:

PO BOX 473
SARASOTA, FL 34236

New Mailing Address:

PO BOX 743
SARASOTA, FL 34230

FEI Number: 59-3427146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANO, JANET F
500 US 41 BYPASS N.
VENICE, FL 34285 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: ROWLANDS, TERRI
Address: 5253 CAMUS ST
City-St-Zip: SARASOTA, FL 34232

Title: VPD () Delete
Name: BEZ, FRED
Address: 6327 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

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

Title: TD () Delete
Name: BOWERMASTER, RUFUS
Address: 1055 301 BLVD EAST UNIT 103
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: SIMMS, DEL
Address: 5730 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Delete
Name: ROMANO, JANET
Address: 500 US 41 BYPASS N.
City-St-Zip: VENICE, FL 34285

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: TD (X) Change () Addition
Name: MOWREY, KRIS
Address: 101 S. GULFSTREAM AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change () Addition
Name: ROMANO, JANET
Address: 500 US 41 BYPASS N.
City-St-Zip: VENICE, FL 34285

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: JANET F. ROMANO

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date