

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003997

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** PROFESSIONAL COMMUNITY MANAGERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1111 N. GULFSTREAM AVENUE  
1E  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1111 N. GULFSTREAM AVENUE  
1E  
SARASOTA, FL 34236

**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:**

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  
Name: BEZ, FRED  
Address: 5415 NUTMEG AVENUE  
City-St-Zip: SARASOTA, FL 34231

Title: VPD  
Name: ROWLANDS, TERRY  
Address: 5253 CAMUS ST  
City-St-Zip: SARASOTA, FL 34232

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

Title: TD  
Name: PROCK, KATHLYN  
Address: 144 DAVINCI DR  
City-St-Zip: NOKOMIS, FL 34275

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

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: JANET ROMANO

D

04/30/2012

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

\_\_\_\_\_  
Date