2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000003412

Aug 11, 2006 Secretary of State

Entity Name: ASSOCIATION OF COMMUNITY ASSOCIATION MANAGEMENT PROFESSIONALS, INC.

Current Principal Place of Business: New Principal Place of Business:

2431 N E 200 STREET 3300 SPANISH MOSS

AVENTURA, FL 33180 113

LAUDERHILL, FL 33319

Current Mailing Address: New Mailing Address:

 2431 N E 200 STREET
 3300 SPANISH MOSS

 AVENTURA, FL 33180
 113

FLORIDA, FL 33319

FEI Number: 65-0620518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LIEBESKIND, JOAN . PARENT, DORIS R . 2431 N E 200 STREET 3300 SPANISH MOSS

AVENTURA, FL 33180 US 113

LAUDERHILL, FL 33319 US

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: DORIS R PARENT 08/11/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 LIEBESKIND, JOAN
 Name:
 CLATTENBURG, DAVID

 Address:
 2441 NE 200 STREET
 Address:
 P.O. BOX 4255

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: HALLANDALE, FL 33008

 Title:
 DV
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 WESTBROOK, DONALD
 Name:
 LIEBESKIND, JOAN

 Address:
 2719 N E 32ND AVENUE
 Address:
 2441 NE 200TH STREET

 City-St-Zip:
 FT- LAUDERDALE, FL 33308
 City-St-Zip: MIAMI, FL 33180

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 SORRENTI, RALPH
 Name:
 GOSSY, MIRYAM

 Address:
 3140 S.OCEAN DRIVE
 Address:
 4216 MADISON STREET

 City-St-Zip:
 HALLANDALE BEACH, FL 33009
 City-St-Zip:
 HOLLYWOOD, FL 33021

Title: TD () Delete Title: () Change () Addition

 Name:
 PARENT, DORIS R
 Name:

 Address:
 3300 SPANISH MOSS TER #113
 Address:

 City-St-Zip:
 LAUDERHILL, FL 33319
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: KRAVIT, MARCY Name: TANNER, BRUCE

Address: 303 BERMUDA SPRINGS DRIVE Address: 1800 NORTH ANDREWS AVENUE
City-St-Zip: WESTON, FL 33326 City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete Title: D (X) Change () Addition

 Name:
 STEIN, CYNTHIA
 Name:
 WAXMAN, LEWIS

 Address:
 4907 GRANT STREET
 Address:
 6905 NW 77TH STREET

 City-St-Zip:
 HOLLYWOOD, FL 33020
 City-St-Zip:
 TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID CLATTENBURG PD 08/11/2006

Electronic Signature of Signing Officer or Director

Date