2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N95000003412

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

Current Principal Place of Business:

3300 SPANISH MOSS
113
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

3300 SPANISH MOSS
113
FLORIDA, FL 33319

New Mailing Address:

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

Name and Address of Current Registered Agent:

PARENT, DORIS R .
3300 SPANISH MOSS
113
LAUDERHILL, FL 33319 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:	CLATTENBURG, DAVID	
Address:	P.O. BOX 4255	
City-St-Zip:	HALLANDALE, FL 33008	
Title:	VP	( ) Delete
Name:	LIEBESKIND, JOAN	
Address:	2441 NE 200TH STREET	
City-St-Zip:	MIAMI, FL 33180	
Title:	SD	( ) Delete
Name:	GOSSY, MIRYAM	
Address:	4216 MADISON STREET	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	TD	( ) Delete
Name:	PARENT, DORIS R	
Address:	3300 SPANISH MOSS TER #113	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:	D	( ) Delete
Name:	TANNER, BRUCE	
Address:	1800 NORTH ANDREWS AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33311	
Title:	D	( ) Delete
Name:	WAXMAN, LEWIS	
Address:	6905 NW 77TH STREET	
City-St-Zip:	TAMARAC, FL 33321	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DORIS R PARENT TR 04/25/2007
Electronic Signature of Signing Officer or Director — Date