

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003412

FILED
Jan 05, 2009
Secretary of State

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

Current Principal Place of Business:

2334 S. CYPRESS BEND DR
702
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2334 S. CYPRESS BEND DR
702
POMPANO BEACH, FL 33069

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:

PERRY, MARTIN W.
2334 S. CYPRESS BEND DR
702
POMPANO BEACH, FL 33069 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: WELSH, SAMUEL
Address: 20281 E. COUNTRY CLUB DR. #L-1
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: REALE, TERI
Address: 3307 NW 108TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: GOSSY, MIRYAM
Address: 4216 MADISON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD () Delete
Name: MARTIN, PERRY W
Address: 2334 S. CYPRESS BEND DR
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: TANNER, BRUCE
Address: 1800 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP () 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: PERRY W MARTIN

TD

01/05/2009

Electronic Signature of Signing Officer or Director

Date