2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

2443 TAFT STREET

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

HOLLYWOOD FL 33020

DOCUMENT # N9500003412

Country

2443 TAFT STREET

HOLLYWOOD FL 33020

Suite, Apt. #, etc.

City & State

Zip

Principal Place of Business

2. Principal Place of Business

ASSOCIATION OF COMMUNITY ASSOCIATION MANAGEMENT PROFESSIONALS, INC.



Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90062 036 ****61.25

90015815

	☐ CHECK HERE IF MAKIN	G CHAN	GES
4.	FEI Number 65-0620518		Applied For
		_ [.	Not Applicable
_	Partificate of Status Desired \$8.75 Additional		Additional

5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELSH, SAMUEL G MR. Street Address (P.O. Box Number is Not Acceptable) 2443 TAFT STREET HOLLYWOOD FL 33020 City Zip Code

Country

8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Delete TITLE TITI F ☐ Change Addition WELSH, SAMUEL G NAME NAME 2443 TAFT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE LIEBESKIND, JOAN NAME NAME 2441 NE 200 STREET STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE WESTBROOK, DONALD L NAME NAME 2638 FILLMORE ST STREET ADDRESS STREET ADDRESS . . HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition Martin, Perry NAME NAME 2334 S. CYPRESS BEND DRIVE, #702 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP **Change** Addition TITLE Musumeci, Frank NAME NAME 3100 N. OCEAN BLVD STREET ADDRESS STREET ADDRESS ००००५ FT. LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 4 Change ☐ Addition TITLE Epstein, Paul 10763 GOLFIEN OR STEIN, CYNTHIA L NAME NAME 10205 COLLINS AVE STREET ADDRESS STREET ADDRESS , ESTON, FL- 33376 BAL HARBOUR FL 33154 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empower

SIGNATURE:

CR2E037 (10/02