2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000783

FILED Jan 15, 2009 Secretary of State

Entity Name: ORLANDO/CENTRAL FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL

PROPERTY MANAGERS, INC.

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

P.O. BOX 56 954 S ORLANDO AVE WINTER PARK, FL 327900056 WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

274 WILSHIRE BLVD 282 CASSELBERRY, FL 32707

FEI Number: 59-3334133 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:

SOLER, THAIS R

3834 E. MICHIGAN ST

ORLANDO, FL 32812 US

BEARD, SHAWN

954 S ORLANDO AVE

WINTER PARK, FL 32789 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: SHAWN BEARD 01/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: THAIS, SOLAR R Name: BEARD, SHAWN

Address: 3854 E MICHIGAN ST Address: 954 S ORLANDO AVE
City-St-Zip: ORLANDO, FL 32812 City-St-Zip: WINTER PARK, FL 32789

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

 Name:
 BEARD, SHAWN
 Name:

 Address:
 3854 E MICHIGAN ST
 Address:

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:

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

 Name:
 SPEAK, JESSICA A H
 Name:

 Address:
 274 WILSHIRE BLVD STE 282
 Address:

 City-St-Zip:
 CASSELBERRY, FL 32707
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 ROBERTS, MARTY
 Name:

 Address:
 PO BOX 1408
 Address:

 City-St-Zip:
 MOUNT DORA, FL 32756
 City-St-Zip:

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

 Name:
 BLAKE, DIANA
 Name:
 SOLER, THAIS

 Address:
 4515 CURRY FORD RD
 Address:
 3834 E MICHIGAN ST

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32812

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: JESSICA SPEAK TD 01/15/2009