2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000783

FILED Jan 09, 2012 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:

605 CRESCENT EXECUTIVE COURT 290 WAYMONT COURT

SUITE 332 SUITE 100

LAKE MARY, FL 32746 LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

605 CRESCENT EXECUTIVE COURT 290 WAYMONT COURT SUITE 332 SUITE 100

LAKE MARY, FL 32746 SOITE 100

LAKE MARY, FL 32746

FEI Number: 59-3334113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

NELSON, CHRISTINA
605 CRESCENT EXECUTIVE COURT SUITE 332

NELSON, CHRISTINA
290 WAYMONT COURT

LAKE MARY, FL 32746 US SUITE 100

LAKE MARY, FL 32746 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: CHRISTINA L NELSON 01/09/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: BRASSARD, MICHELE

Address: 2100 N. ALAFAYA TRAIL STE 101

City-St-Zip: OVIEDO, FL 32765

Title: TD

Name: NELSON, CHRISTINA L

Address: 290 WAYMONT COURT, SUITE 100

City-St-Zip: LAKE MARY, FL 32746

Title: ST

Name: ROBERTS, MARTY Address: PO BOX 1408

City-St-Zip: MOUNT DORA, FL 32756

Title: \

 Name:
 VAN DYKE, COREY

 Address:
 1300 E. MICHIGAN STREET

 City-St-Zip:
 ORLANDO, FL 32806

Title: COMM Name: LOPEZ, TINA

Address: 290 WAYMONT COURT, SUITE 100

City-St-Zip: LAKE MARY, FL 32746

Title: AFF

Name: LOPEZ, DAN

Address: 290 WAYMONT COURT, SUITE 100

City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA L NELSON TD 01/09/2012