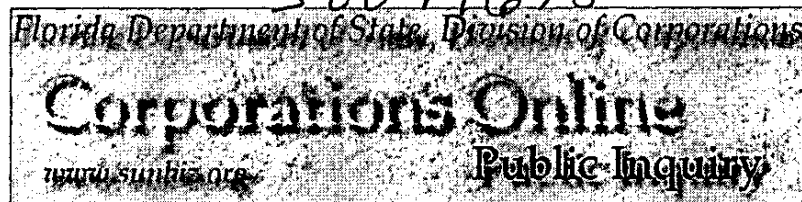


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90179 009 ****61.25

DOCUMENT # N97000004888					
1. Entity Name FARPM, THE FLORIDA ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, INC.					
Principal Place of Business 7801 DEERCREEK CLUB ROAD JACKSONVILLE, FL 32256			Mailing Address 7801 DEERCREEK CLUB ROAD JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address		50044692	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3512309	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EAST, GLENN 7801 DEERCREEK CLUB ROAD JACKSONVILLE, FL 32256			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HODGES, MIKE 4456 SUNBEAM ROAD STE 100 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael G. Hodges 254 Third Street Nephture Beach, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ROBERTS, MARTHA P.O. BOX 3056 WINTER PARK, FL 32790	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D MCVETY, MICHAEL 2525 PARKWAY STREET FORT MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DAVIS, WENDELL 4456 SUNBEAM ROAD, STE 100 JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MONCLA, GAIL P.O. BOX 1408 MOUNT DORA, FL 32756	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SNEED, PATRICIA 2316 W 23RD STREET PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Elizabeth Morgan 4532 US Highway 19 Newport Arches, FL 34652
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 receiver 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 empowered.					
SIGNATURE: _____ Michael G. Hodges 4-27-05 904-246-1200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



Florida Non Profit

FARPM, THE FLORIDA ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, INC.

PRINCIPAL ADDRESS
7801 DEERCREEK CLUB ROAD
JACKSONVILLE FL 32256
Changed 05/27/2004

MAILING ADDRESS
7801 DEERCREEK CLUB ROAD
JACKSONVILLE FL 32256
Changed 05/27/2004

Document Number
N97000004888

FEI Number
593512309

Date Filed
08/27/1997

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
EAST, GLENN 7801 DEERCREEK CLUB ROAD JACKSONVILLE FL 32256
Name Changed: 12/08/2003
Address Changed: 12/08/2003

Officer/Director Detail

Name & Address	Title
HODGES, MIKE 4456 SUNBEAM ROAD STE 100 JACKSONVILLE FL 32257 US	T/D
ROBERTS, MARTHA P.O.BOX 3056 WINTER PARK FL 32790	S/D
MCVETY, MICHAEL 2525 PARKWAY STREET FORT MYERS FL 33901	PE/D
DAVIS, WENDELL 4456 SUNBEAM ROAD, STE 100 JACKSONVILLE FL 32257	P/D

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50044692

MONCLA, GAIL P.O.BOX 1408 MOUNT DORA FL 32756	VP/D
SNEED, PATRICIA 2316 W 23RD STREET PANAMA CITY FL 32405	VP/D

Annual Reports

Report Year	Filed Date
2002	04/08/2002
2003	05/01/2003
2004	05/27/2004

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No Name History Information

Document Images

Listed below are the images available for this filing.

05/27/2004 -- ANNUAL REPORT
12/08/2003 -- Reg. Agent Change
05/01/2003 -- ANN REP/UNIFORM BUS REP
04/08/2002 -- COR - ANN REP/UNIFORM BUS REP
04/03/2001 -- ANN REP/UNIFORM BUS REP
02/05/2000 -- ANN REP/UNIFORM BUS REP
03/26/1999 -- ANNUAL REPORT
06/11/1998 -- ANNUAL REPORT

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

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