

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90004 014 ****70.00

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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3512309	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent EAST, GLENN 7801 DEERCREEK CLUB ROAD JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name: <u>Michael G. Hodges</u> Street Address (P.O. Box Number is Not Acceptable): <u>254 Third Street</u> City: <u>Neptune Beach</u> FL Zip Code: <u>32266</u>		
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: <u>[Signature]</u> <u>Michael G. Hodges - Treasurer</u> <u>1-26-06</u> <small>Signature typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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, MICHAEL 254 THIRS STREET NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	254 Third Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	P.O. Box 1408 Mount Dora, FL 32756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCVETY, MICHAEL 2525 PARKWAY STREET FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED MONCLA, GAIL P.O. BOX 1408 MOUNT DORA, FL 32756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P P.O. Box 3056 Winter Park, FL 32790 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORGAN, ELIZABETH 4532 US HWY 19 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE1D 4532 US Highway 19, 2nd Floor Port Richey, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeanie Croes 3504 South Florida Avenue Lake Land, FL 33803-4861 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u> <u>Michael G. Hodges Treasurer</u> <u>1-26-06</u> <u>904-246-1200</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					