

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004888

FILED
Jan 11, 2007
Secretary of State

Entity Name: FARPM, THE FLORIDA ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, INC.

Current Principal Place of Business:

7801 DEERCREEK CLUB ROAD
JACKSONVILLE, FL 32256

New Principal Place of Business:

659 MAITLAND AVE.
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

7801 DEERCREEK CLUB ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

659 MAITLAND AVE.
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3512309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, MICHAEL G
254 THIRD ST
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

BENNETT, GENE D
659 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701 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: GENE D. BENNETT

01/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T/D () Delete
Name: HODGES, MICHAEL
Address: 254 THIRD ST
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: S/D () Delete
Name: ROBERTS, MARTHA
Address: POB 1408
City-St-Zip: MOUNT DORA, FL 32756

Title: PPD (X) Delete
Name: MCVETY, MICHAEL
Address: 2525 PARKWAY STREET
City-St-Zip: FORT MYERS, FL 33901

Title: P (X) Delete
Name: MONCLA, GAIL
Address: POB 3056
City-St-Zip: WINTER PARK, FL 32790

Title: PED (X) Delete
Name: MORGAN, ELIZABETH
Address: 4532 US HWY 19, 2ND FLOOR
City-St-Zip: PORT RICHEY, FL 34668

Title: VP (X) Delete
Name: CROES, JEANIE
Address: 3504 S FLORIDA AVE
City-St-Zip: LAKE LAND, FL 338034861

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BENNETT, GENE D
Address: 659 MAITLAND AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: V/D (X) Change () Addition
Name: MONCLA, GAIL A
Address: 659 MAITLAND AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GENE D. BENNETT

P/D

01/11/2007

Electronic Signature of Signing Officer or Director

Date