2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N97000004888 FARPM, THE FLORIDA ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, INC.

FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business 659 MAITLAND AVE. ALTAMONTE SPRINGS, FL 32701 Mailing Address 659 MAITLAND AVE. ALTAMONTE SPRINGS, FL 32701			01		12 (2)11 128: 2011 2111 2P	ıl 26in 88in 81ası 18in	s i (8(8) 121)121 8) 188(
DO NOT WRITE IN THIS SPACE				01292008 No Chg-NP CR2E037 (4/06) 4. FEI Number Applied F 59-3512309 Not Applie 5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Re	gistered Agent						
BENNETT, GENE D 659 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701			DO NOT WRITE IN THIS SPACE					
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its registere	Led office or re	egistered agent, or bo	oth, in the State of Flo	orida. I am familia	ar with, and accept	
				d Agent signature required when reinstating) DATE				
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	 		61.25	
10. OFFICERS AND DIRECTORS					<u> </u>		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BENNETT, GENE D 659 MAITLAND AVE. ALTAMONTE SPRINGS, FL 32701							
NAME STREET ADDRESS CITY-ST-ZIP	V/D MONCLA, GAIL A 659 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701							
TITLE]		E .					

DO NOT WRITE IN THIS SPACE

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

SIGNING OFFICER OR DIRECTOR

^{12.} Thereby 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.