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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005322

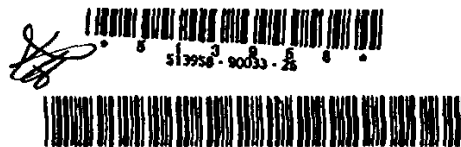
1. Corporation Name

CENTRAL FLORIDA PROPERTY MANAGERS ASSOCIATION, INC.

Principal Place of Business

141 ST STREET NW STE 100
WINTER HAVEN FL 33881

Mailing Address

141 ST STREET NW STE 100
WINTER HAVEN FL 33881

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1998	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3553635	
22. City & State		27. City & State		Applied For Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GOVONI, BRIAN R 141 ST STREET NW STE 100 WINTER HAVEN FL 33881				81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	D DONALD WHERETT
STREET ADDRESS		1.3 STREET ADDRESS	CONTEMPO PLAZA 4717 US HWY 27 N
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	D JANICE EDWARDS-DIAZ
STREET ADDRESS		2.3 STREET ADDRESS	7799 STYLES BLVD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	D MICHAEL C. ECKERSLEY
STREET ADDRESS		3.3 STREET ADDRESS	125 HILLTOP STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	D ROBYN BOUCHARD
STREET ADDRESS		4.3 STREET ADDRESS	10736 US HWY 27 N
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/98)