

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000005322****1. Entity Name****CENTRAL FLORIDA PROPERTY MANAGERS ASSOCIATION, INC.****Principal Place of Business**

3501 W. VINE STREET., STE 104-A

KISSIMMEE  
34741

FL

**Mailing Address**

505 AVENUE A, N.W., SUITE 102

WINTER HAVEN  
338814626

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3553635**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**GOVONI BRIAN R  
505 AVENUE A, N.W., SUITE 102WINTER HAVEN  
338814626

FL

US

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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.**

SIGNATURE

**05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25****9. Election Campaign Financing  
Trust Fund Contribution.**☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	BUTLER RICHARD	9230 W. HIGHWAY 192	CLERMONT FL 34711				
D	WHERETT DONALD	4717 US HWY 27 NORTH	DAVENPORT FL 33837				
D	BOUCHARD ROBYN	10736 US HWY 27 N	DAVENPORT FL 33837				
S	STRATTON-MILLS DANIELLE	3501 W. VINE STREET., STE 104-A	KISSIMMEE FL 34741				
VP	ECKERSLEY MICHAEL C	125 HILLTOP STREET	DAVENPORT FL 33837				
P	EDWARDS-DIAZ JANICE	7799 STYLES BOULEVARD	KISSIMMEE FL				

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 C. ECKERSLEY**

VP

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)