2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 01, 2002 8:00 am
Secretary of State
09-12-2002 90063 018 ****61.25

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1. Entity Name

CENTRAL FLORIDA PROPERTY MANAGERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
3501 W. VINE STREET.. STE 104-A KISSIMMEE FL 34741	505 AVENUE A. N.W.. SUITE 102 WINTER HAVEN FL 33881-4626

DO NOT WRITE IN THIS SPACE

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 59-3553635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOVONI, BRIAN R.
505 AVENUE A, N.W., SUITE 102
WINTER HAVEN FL 33881-4626

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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	P EDWARDS-DIAZ, JANICE 7799 STYLES BOULEVARD KISSIMMEE FL	☒ Delete	~~PRESIDENT~~ D RICHARD BUTLER 5260 W. IRLO BRONSON HWY, SUITE #119 KISSIMMEE FL 34746	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ECKERSLEY, MICHAEL C 125 HILLTOP STREET DAVENPORT FL 33837	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STRATTON-MILLS, DANIELLE 3501 W. VINE STREET., STE 104-A KISSIMMEE FL 34741	☒ Delete	~~SECRETARY~~ D STACEY RAMDASS 800 N. HOAGLAND BLVD KISSIMMEE, FL 34741	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANDY, MARIA 10736 US HWY 27 N DAVENPORT FL 33837	☒ Delete	~~DIRECTOR~~ D GANDY, MARIA 1655E CROSSINGS BLVD, SUITE 103 CLERMONT, FL 34711	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHERETT, DONALD 4717 US HWY 27 NORTH DAVENPORT FL 33837	☒ Delete	~~TREASURER~~ DAVID HOWES 330 N. 6TH STREET, SUITES 2+4 HAINES CITY, FL 33844	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTLER, RICHARD 9230 W. HIGHWAY 192 CLERMONT FL 34711	☒ Delete	~~ASST. SECRETARY~~ D EDWARDS-DIAZ, JANICE 7799 STYLES BLVD KISSIMMEE FL	☑ Change ☐ Addition

CR2E037 (4/02)

12. 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 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: SIGNATURE REQUIRED RICHARD J BUTLER 9-8-02 407-396-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #