

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005322

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** CENTRAL FLORIDA PROPERTY MANAGERS ASSOCIATION, INC.**Current Principal Place of Business:**3300 N 6TH STREET  
STE 2&4  
HAINES CITY, FL 33844**New Principal Place of Business:****Current Mailing Address:**1633 E VINE STREET  
#205  
KISSIMMEE, FL 34744**New Mailing Address:****FEI Number:** 59-3553635**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MURRAY LYNN, SUSAN CPA  
1633 E VINE STREET  
#205  
KISSIMMEE, FL 34744 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUTLER, RICHARD  
Address: 5260 W IRLO BRONSON HWY STE 119  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP ( ) Delete  
Name: ECKERSLEY, MICHAEL C  
Address: 125 HILLTOP STREET  
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete  
Name: RANDASS, STACEY  
Address: 800 N HOAGLAND BLVD  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: GANDY, MARIA  
Address: 16554 CROSSING BLVD STE 103  
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete  
Name: HOWE, DAVID  
Address: 33 N 6TH STREET  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: EDWARDS-DIAZ, JANICE  
Address: 7799 STYLES BLVD  
City-St-Zip: KISSIMMEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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 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 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: NIGEL WORRALL

T

04/30/2004

Electronic Signature of Signing Officer or Director

Date

DAVID LEATHER  
2180 EMPEROR DRIVE  
KISSIMMEE FL34744

MARYLIN PULLEN  
PO BOX 1375  
HAINES CITY, FL33845