

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

0014065

DOCUMENT # N98000005322

1. Entity Name

**CENTRAL FLORIDA PROPERTY MANAGERS ASSOCIATION, I
NC.**



09-08-2003 90135 041 ****61.25

Principal Place of Business

**3501 W. VINE STREET.. STE 104-A
KISSIMMEE FL 34741**

Mailing Address

**505 AVENUE A. N.W.. SUITE 102
WINTER HAVEN FL 33881-4626**

2. Principal Place of Business

33rd N. 6th Street

3. Mailing Address

1633 E. VINE ST.

Suite, Apt. #, etc.

SUITES 2+4

Suite, Apt. #, etc.

#205

City & State

HAINES City, FL

City & State

KISSIMMEE, FL

Zip

33844

Country

USA.

Zip

34744

Country

USA.

☐ CHECK HERE IF MAKING CHANGES

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 **SUSAN MURRAY LYNN, CPA GROUP.**

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

1633 E VINE STREET.

#205

City

KISSIMMEE

FL

Zip Code

34744

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

SUSAN MURRAY LYNN.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BUTLER, RICHARD**
STREET ADDRESS **5260 W IRLO BRONSON HWY STE 119**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VP** ☐ Delete
NAME **ECKERSLEY, MICHAEL C**
STREET ADDRESS **125 HILLTOP STREET**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **D** ☐ Delete
NAME **RANDASS, STACEY**
STREET ADDRESS **800 N HOAGLAND BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **D** ☐ Delete
NAME **GANDY, MARIA**
STREET ADDRESS **16554 CROSSING BLVD STE 103**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **T** ☐ Delete
NAME **HOWES, DAN**
STREET ADDRESS **3323 N 6TH STREET STE 24**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☐ Delete
NAME **EDWARDS-DIAZ, JANICE**
STREET ADDRESS **7799 STYLES BLVD**
CITY-ST-ZIP **KISSIMMEE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME **HOWES, DAVID**
STREET ADDRESS **33 N. 6th STREET**
CITY-ST-ZIP **SUITES 2+4 HAINES City, FL 33844.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Howes **08/26/03** **863-422-2234**

Date

Daytime Phone #

CR2E037 (4/03)