


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90284 014 \*\*\*158.75

**DOCUMENT #** P01000035954

**1. Entity Name**  
COMMUNITY ASSOCIATION MANAGEMENT OF CENTRAL FLORIDA, INC.



**Principal Place of Business**  
9401 WOODBREEZE BOULEVARD  
WINDERMERE FL 34786  
US

**Mailing Address**  
9401 WOODBREEZE BOULEVARD  
WINDERMERE FL 34786  
US

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3712223

☐ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

BROUGHTON, TIMOTHY W  
9401 WOODBREEZE BOULEVARD  
WINDERMERE FL 34786

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	BROUGHTON, TIMOTHY W	
STREET ADDRESS	9401 WOODBREEZE BOULEVARD	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BROUGHTON, REBECCA L	
STREET ADDRESS	9401 WOODBREEZE BOULEVARD	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:** *Timothy W Broughton* **DATE** Jan 31/2003 **Daytime Phone #** 457-876-4858

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)