


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90015 028 ***150.00

DOCUMENT # P01000095047	
1. Entity Name HOMEOWNERS ASSOCIATION MANAGEMENT, INC.	

Principal Place of Business 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312	Mailing Address 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box # 1607 Village Sq. Blvd	3. Mailing Address PO Box 13565
Suite, Apt. #, etc. Suite 8	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32309	Zip 32317-3565
Country USA	Country USA

40015430



01182008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3749735	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EDDY, MARIE M 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name EDDY, MARIE M Street Address (P.O. Box Number is Not Acceptable) 1607 Village Square Blvd. Suite 8 City Tallahassee FL Zip Code 32309
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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 Marie Eddy <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 1/30/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D EDDY, MARIE M 7113 BEECH RIDGE TRAIL 1607 Village Sq Blvd TALLAHASSEE, FL 32312 Suite 8, 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marie Eddy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1/30/08 850-894-1919 <small>Daytime Phone #</small>