

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
AND
FILED

06 APR 29 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000104610

1. Entity Name

CONDOMINIUM ASSOCIATION MANAGEMENT SERVICES
OF FLORIDA, INC.



Principal Place of Business

P.O. BOX 13089
TALLAHASSEE FL 32317

Mailing Address

P.O. BOX 13089
TALLAHASSEE FL 32317



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHINEHART, ROBERT S.
644 CAPITAL CIR. NE
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME RHINEHART, ROBERT S.
STREET ADDRESS P.O. BOX 13089
CITY-ST-ZIP TALLAHASSEE FL 32317

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

TITLE V ☐ Delete
NAME RHINEHART, RODEAN S.
STREET ADDRESS P.O. BOX 13089
CITY-ST-ZIP TALLAHASSEE FL 32317

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

TITLE S ☐ Delete
NAME RHINEHART, RODEANA S.
STREET ADDRESS P.O. BOX 13089
CITY-ST-ZIP TALLAHASSEE FL 32317

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

TITLE ☐ Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

5110