


2007 FOR PROFIT CORPORATION ANNUAL REPORT

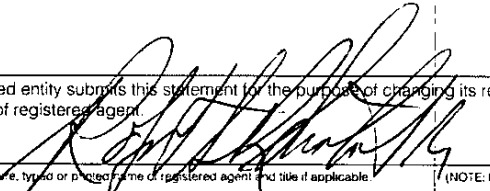
DOCUMENT # P05000104610		
1. Entity Name CONDOMINIUM ASSOCIATION MANAGEMENT SERVICES OF FLORIDA, INC.		

Principal Place of Business P.O. BOX 13089 TALLAHASSEE, FL 32317	Mailing Address P.O. BOX 13089 TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

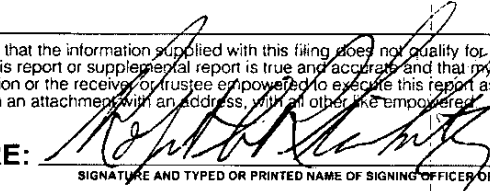
6. Name and Address of Current Registered Agent	
RHINEHART, ROBERT S. 644 CAPITAL CIR. NE TALLAHASSEE, FL 32301	

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: 	DATE: 4/11/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHINEHART, ROBERT S.	NAME	
STREET ADDRESS	P.O. BOX 13089	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHINEHART, RODEAN S.	NAME	
STREET ADDRESS	P.O. BOX 13089	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an other like empowered.	
SIGNATURE: 	DATE: 4/11/07

FILED

2007 APR 30 AM 11:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

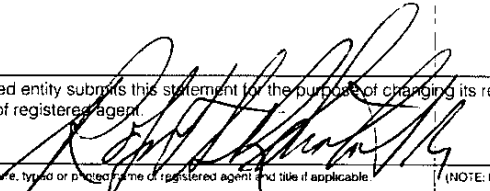


04112007 Chg-P CR2E034 (12/06)

4. FEI Number
APPLIED FOR

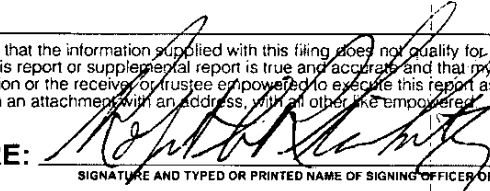
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent	
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Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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g/ao