

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000104610

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



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 24 AM 8:03

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 - No P.O. Box #  
**644 CAPITAL CIRCLE NE**  
Suite, Apt. #, etc.

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



03192008 Chg-P CR2E034 (12/06)

City & State  
Zip  
**32301**  
Country

4. FEI Number  
**APPLIED FOR**  
Applied For  
Not Applicable

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

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**3/21/08**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RHINEHART, ROBERT S.	
STREET ADDRESS	P.O. BOX 13089	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	V	<input type="checkbox"/> Delete
NAME	RHINEHART, RODEAN S.	
STREET ADDRESS	P.O. BOX 13089	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	S	<input type="checkbox"/> Delete
NAME	RHINEHART, RODEANA S.	
STREET ADDRESS	P.O. BOX 13089	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
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	

**500120969595**  
03/24/08--01001--034 \*\*150.00

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/21/08** Daytime Phone #