2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# P05000104610

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

Current Principal Place of Business:

644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 13089
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-3214318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RHINEHART, ROBERT S.
Address: P.O. BOX 13089
City-St-Zip: TALLAHASSEE, FL 32317

Title: V ( ) Delete
Name: RHINEHART, RODEAN S.
Address: P.O. BOX 13089
City-St-Zip: TALLAHASSEE, FL 32317

Title: S ( ) Delete
Name: RHINEHART, RODEANA S.
Address: P.O. BOX 13089
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RHINEHART, ROBERT S
Address: P.O. BOX 13089
City-St-Zip: TALLAHASSEE, FL 32317

Title: V (X) Change ( ) Addition
Name: RHINEHART, RODEAN S
Address: P.O. BOX 13089
City-St-Zip: TALLAHASSEE, FL 32317

Title: S (X) Change ( ) Addition
Name: RHINEHART, RODEANA S
Address: P.O. BOX 13089
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. RHINEHART RA 03/20/2009

Electronic Signature of Signing Officer or Director Date