

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000157314

FILED
Jan 30, 2007
Secretary of State

Entity Name: PROFESSIONAL COMMUNITY ASSOCIATION MANAGEMENT, INC.

Current Principal Place of Business:

21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 330291807

New Principal Place of Business:

21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 330291807

New Mailing Address:

21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 33029 US

FEI Number: 20-8335659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YECORA, RICHARDO
21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 330291807 US

Name and Address of New Registered Agent:

YECORA, ALEIDA R PSD
21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 33029 US

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: ALEIDA R YECORA

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YECORA, RICHARDO
Address: 21691 S. HERITAGE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 330291807

Title: SD (X) Delete
Name: YECORA, ALEIDA R
Address: 21691 S. HERITAGE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 330291807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: YECORA, ALEIDA R PSD
Address: 21691 S. HERITAGE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEIDA R YECORA

PSD

01/30/2007

Electronic Signature of Signing Officer or Director

Date