

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000157314

FILED
Jun 26, 2008
Secretary of State

Entity Name: PROFESSIONAL COMMUNITY ASSOCIATION MANAGEMENT, INC.

Current Principal Place of Business:

21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

21691 S. HERITAGE CIRCLE
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 20-8335659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

YECORA, ALEIDA R PTD
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

06/26/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD () Change (X) Addition
Name: YECORA, NANCY VPSD
Address: 12841 S. W. 114 TERRACE
City-St-Zip: MIAMI, FL 33186 US

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

PTD

06/26/2008

Electronic Signature of Signing Officer or Director

Date