

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000100336

FILED
Apr 30, 2012
Secretary of State

Entity Name: COMMUNITY ASSOCIATION MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

1868-B HIGHLAND OAKS BLVD.
LUTZ, FL 33559

New Principal Place of Business:

1868 B HIGHLAND OAKS BLVD.
LUTZ, FL 33559

Current Mailing Address:

1868-B HIGHLAND OAKS BLVD.
LUTZ, FL 33559

New Mailing Address:

1868 B HIGHLAND OAKS BLVD.
LUTZ, FL 33559

FEI Number: 27-1496517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, CHARLES
12502 LEATHERLEAF DRIVE
TAMPA, FL 33626 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: FULLER, CHARLES
Address: 12502 LEATHERLEAF DR.
City-St-Zip: TAMPA, FL 33626 US

Title: TREA
Name: MIHELICH, BRIAN M
Address: 2122 ARROWGRASS DRIVE #102
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: SEC
Name: BOWES, KAREN
Address: 2001 83RD AVE N, LOT 3005
City-St-Zip: ST. PETERSBURG, FL 33702 US

I hereby 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 all other like empowered.

SIGNATURE: BRIAN M. MIHELICH

TREA

04/30/2012

Electronic Signature of Signing Officer or Director

Date