

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000057319

**FILED**  
**May 15, 2012**  
**Secretary of State**

**Entity Name:** RESIDENTIAL MANAGEMENT CONCEPTS, INC.

**Current Principal Place of Business:**

20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434

**New Principal Place of Business:**

20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434 US

**Current Mailing Address:**

P.O BOX 97-0069  
BOCA RATON, FL 33497069 US

**New Mailing Address:**

20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434 US

**FEI Number:** 65-0444683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALOMBI, MARIE P  
20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434 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: DP  
Name: PALOMBI, GARY  
Address: 20540 COUNTRY CLUB BLVD #101  
City-St-Zip: BOCA RATON, FL 33434

Title: DS  
Name: PALOMBI, MARIE P  
Address: 20540 COUNTRY CLUB BLVD #101  
City-St-Zip: BOCA RATON, FL 33434

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: GARY PALOMBI

DP

05/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date