## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Apr 24, 2001 8:00 am Secretary of State DOCUMENT'# P9400059588 1. Entity Name COMMUNITY ASSOCIATION MANAGEMENT SYSTEMS, INC. 04-24-2001 90012 047 \*\*\*150.00 Principal Place of Business Mailing Address 314 NE 3RD ST 314 NE 3RD ST BOYNTON BCH FL 33426 #217 643503 BOYNTON BCHC FL 33426 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0527468 Not Applicable "Zip ...Country=== ----- \_ \_ عدد ـ - \_ عدد حا \_\_Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent )ark KASSAL, MARK Street Address (P.O. Box Number is Not Acceptable) 756 CYPRESS GREEN CIRCLE **SUITE 217** WELLINGTON FL 33414 Ounton Beach 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Change Addition TITLE ☐ Delete TITLE KASSAL, MARK NAME NAME 314 NE 3RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BCH FL** CITY-ST-ZIP VSD Ø ☐ Delete ☐ Addition NAME REITER, GEORGE E NAME STREET ADDRESS 314 NE 3RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL** Delete TITLE TITLE Change Addition Joseph E. Trainor NAME WYATT, MARY A. NAME 314 D.F. 31d Street STREET ADDRESS 314 NE 3RD STREET STREET ADDRESS BOYNTON, Beach, FC 33435 CITY-ST-ZIP **BOYNTON BEACH FL 33426** CITY-ST-ZIP 2VP TITLE 🙀 Delete Addition NAME MANN, GARY NAME STREET ADDRESS 314 NE 3RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL 33436** TITLE ☐ Delete TITLE ☐ Change Maddition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.