


2007

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000065381	
1. Entity Name COMMUNITY ACRES PROPERTY MANAGEMENT CORP.	

FILED

07 FEB -9 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT**  
26-07



2. Principal Place of Business 1805 S.W. 4TH COURT FT. LAUDERDALE, FL 33312 US		3. Mailing Address 1805 S.W. 4TH COURT FT. LAUDERDALE, FL 33312 US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00042006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent MANETTE, JOHN 1805 S.W. 4TH COURT FT. LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name <u>John Manette</u> Street Address (P.O. Box Number is Not Acceptable) <u>280 S.W. 56th Terrace</u> <u>Suite 101</u> City <u>Margate</u> <b>FL</b> Zip Code <u>33068</u>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

**600088065686**  
02/13/07--01009--010 \*\*900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, FREDERICK A 1805 S.W. 4TH COURT FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANATEE, JOHN 1805 SW 4TH COURT FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Manette, John</u> <u>280 S.W. 56th Terrace Suite 101</u> <u>Margate, FL 33068</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #