

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078808

FILED  
May 20, 2006  
Secretary of State

**Entity Name:** COMMUNITY PROPERTY MANAGEMENT OF GAINESVILLE, INC.

**Current Principal Place of Business:**

8500 N.W. 215 STREET  
MICANOPY, FL 32667

**New Principal Place of Business:**

**Current Mailing Address:**

8500 N.W. 215 STREET  
MICANOPY, FL 32667

**New Mailing Address:**

**FEI Number:** 59-3468570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANG, GARY  
8500 N.W. 215 STREET.  
MICANOPY, FL 32667 US

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

REITER, MADALYN  
8500 N.W. 215 STREET.  
MICANOPY, FL 32667 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: MADALYN REITER

05/20/2006

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: P ( ) Delete  
Name: REITER, MADALYN  
Address: 85 00 N.W. 215 STREET  
City-St-Zip: MICANOPY, FL 32667

Title: ST (X) Delete  
Name: LANG, GARY  
Address: 8500 N.W. 215 STREET.  
City-St-Zip: MICANOPY, FL 32667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: REITER, MADALYN  
Address: 8500 N.W. 215 STREET  
City-St-Zip: MICANOPY, FL 32667

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MADALYN REITER

PRES

05/20/2006

Electronic Signature of Signing Officer or Director

Date