2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P98000013594 1. Entity Name COMMUNITY ASSOCIATION MANAGEMENT CONSULTING, INC. 04-12-2001 90050 030 ***150.00 Principal Place of Business Mailing Address 4512 SELKIRK LANE P.O. BOX 275 LAKELAND FL 33813 HIGHLAND CITY FL 33846 00034705 DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3495797 MEADE MEADE, FORF FORT Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired JUSA ILS A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent becca HALL, REBECCA H Street Address (P.O. Box Number is Not Acceptable) 18 25 LAKE Buffum 4512 SELKIRK LANE LAKELAND FL 33813 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. (NOTE: Registered Agent signature 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete ☐ Change ☐ Addition NAME HALL, REBECCA STREET ADDRESS STREET ADDRESS 1825 LK 4512-SELKCEK-LNE CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 or 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.