

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 013 ***150.00

DOCUMENT # P98000079508

1. Entity Name
COMMUNITY MANAGEMENT ASSOCIATES, INC.



Principal Place of Business
**PO BOX 6209
SPRING HILL, FL 34611**

Mailing Address
**PO BOX 6209
SPRING HILL, FL 34611**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3532168

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEVANDIS, JOHN J
4389 TIOGA AVE.
SPRING HILL, FL 34608**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVANDIS, JOHN H	
STREET ADDRESS	1230 MARINER BOULEVARD	
CITY-ST-ZIP	SPRINGHILL, FL 34609	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEVANDIS, GERRY A	
STREET ADDRESS	1230 MARINER BLVD	
CITY-ST-ZIP	SPRINGHILL, FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVANDIS, GREG J	
STREET ADDRESS	13480 OLYMPIC VILLAGE LANE	
CITY-ST-ZIP	SPRING HILL, FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levandis, John J	
STREET ADDRESS	4389 Tioga Ave.	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levandis, Gerry A	
STREET ADDRESS	4389 Tioga Ave.	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levandi s, Greg J	
STREET ADDRESS	8590 E Beacon Ct	
CITY-ST-ZIP	Floral City, FL 34436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #