


**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000079508</b> <b>1. Entity Name</b> COMMUNITY MANAGEMENT ASSOCIATES, INC.		<b>Jan 14, 2008 08:00</b> <b>Secretary of State</b>	
<b>Principal Place of Business</b> PO BOX 6209 SPRING HILL, FL 34611		<b>Mailing Address</b> PO BOX 6209 SPRING HILL, FL 34611	
<b>DO NOT WRITE IN THIS SPACE</b>		 <b>01062008    No Chg-P    CR2E034 (11/05)</b>	
		<b>4. FEI Number</b> 59-3532168	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEVANDIS, JOHN J 4389 TIOGA AVE. SPRING HILL, FL 34608		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;"><b>DATE</b> _____</span>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>TITLE</b>	PD		
<b>NAME</b>	LEVANDIS, JOHN H		
<b>STREET ADDRESS</b>	4389 TIOGA AVE		
<b>CITY-ST-ZIP</b>	SPRINGHILL, FL 34609		
<b>TITLE</b>	ST		
<b>NAME</b>	LEVANDIS, GERRY A		
<b>STREET ADDRESS</b>	4389 TIOGA AVE		
<b>CITY-ST-ZIP</b>	SPRINGHILL, FL 34609		
<b>TITLE</b>	D		
<b>NAME</b>	LEVANDIS, GREG J		
<b>STREET ADDRESS</b>	8580 E BEACON CT		
<b>CITY-ST-ZIP</b>	FLORAL CITY, FL 34436		
<b>TITLE</b>			
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>			
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>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.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-10-08 352-673-1615</b> <small>Date Daytime Phone #</small>	