

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90152 042 \*\*\*150.00

**DOCUMENT # P99000035561**  
 Entity Name  
**CERTIFIED ASSOCIATION MANAGEMENT COMPANY, INC.**

Principal Place of Business Mailing Address  
 900 FOX VALLEY DR. STE.204 900 FOX VALLEY DR. STE.204  
 LONGWOOD FL 32779-2552 LONGWOOD FL 32779-2552



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3572648</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MONAHAN, THOMAS A</b> <b>900 FOX VALLEY DR. STE.204</b> <b>LONGWOOD FL 32779-2552</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
FILE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	<b>D</b> <b>MONAHAN, JANET M</b> <b>214 ROYAL OAK CIRCLE</b> <b>LONGWOOD FL 32779-0047</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
FILE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	<b>D</b> <b>MONAHAN, THOMAS A</b> <b>214 ROYAL OAK CIRCLE</b> <b>LONGWOOD FL 32779-0047</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

SIGNATURE: [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 01/04/02 (407) 774-0207  
 Date Daytime Phone #

CR2E034 (9/01)