

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90122 034 ***150.00

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DOCUMENT # P99000055242

1. Entity Name
COMMUNITY MORTGAGE ASSOCIATES, INC.



Principal Place of Business
**580 VILLAGE BLVD
#150
WEST PALM BEACH FL 33409**

Mailing Address
**2815 HAWTHORNE LN.
WEST PALM BEACH FL 33409**



2. Principal Place of Business

3. Mailing Address

**7711 North Military Trail
Suite, Apt. #, etc.
214**

Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

City & State

4. FEI Number **65-0928199**

Applied For
Not Applicable

Zip **33410** Country **Palm Beach**

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AARON, ROSE
2815 HAWTHORNE LN.
WEST PALM BEACH FL 33409**

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 *Aaron Rose* *Aaron Rose* *4-24-03*
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSE, AARON	
STREET ADDRESS	2815 HAWTHORNE LN.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Sarah Rose	
STREET ADDRESS	2815 Hawthorne Ln.	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Aaron Rose*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 *561-242-5051*
Date Daytime Phone #

CR2E034 (10/02)