I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAIL B LAMBORN

Electronic Signature of Signing Officer/Director Detail

2013 EL ORIDA	PROFIT CORPORA	TION ANNUAL REPORT
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DOCUMENT# P07000065489

Entity Name: FLORIDA CONDO & ASSOCIATION MANAGEMENT, INC.

Current Principal Place of Business:

4050 SOUTH US HIGHWAY ONE SUITE 320 JUPITER, FL 33477

Current Mailing Address:

4050 SOUTH US HIGHWAY ONE SUITE 320 JUPITER, FL 33477

FEI Number: 20-0289222

Name and Address of Current Registered Agent:

LAMBORN, GAIL B 8962 SE RETREAT DRIVE HOBE SOUND, FL 33455 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

TitleP,VPNameLAMBORN, GAIL BAddress8962 SE RETREAT DRIVECity-State-Zip:HOBE SOUND FL 33455

222

Date

Certificate of Status Desired: No

PRESIDENT

07/13/2013

FILED Jul 13, 2013 Secretary of State CC2047013569

Date