

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000217 (9)

Corporation Name  
NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, INC.

Principal Place of Business Mailing Address  
3000 Langley Ave Suite 401 Pensacola, Fl. 32504  
3000 Langley Ave Suite 401 Pensacola, Fl. 32504

3. Date Incorporated or Qualified 01/14/94  
3a. Date of Last Report 7/26/95

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1335 Creighton Road	26 P.O. Box 30374	59-2232112	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
23 City & State	28 City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Pensacola, Fl.	28 Pensacola, Fl.	Trust Fund Contribution	<input type="checkbox"/>
24 Zip	25 Country	29 Zip	30 Country
24 32504	25 Escambia	29 32503-1374	30 Escambia
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

Hank Holland  
3000 Langley Ave., Suite 401  
Pensacola, Fl. 32504

81 Name Kim Shirk  
82 Street Address (P.O. Box Number is Not Acceptable) 1335 Creighton Road  
83  
84 City Pensacola FL 85 Zip Code 32504

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

NATURE Kim Shirk, President 4-18-96  
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hank Holland	1.2 NAME	Kim Shirk
STREET ADDRESS	3000 Langley Ave., Suite 401	1.3 STREET ADDRESS	1335 Creighton Road
CITY-ST-ZIP	Pensacola, Fl. 32504 <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Pensacola, Fl. 32504
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Shirk	2.2 NAME	Connie Burton
STREET ADDRESS	3101 North 12th Ave.	2.3 STREET ADDRESS	6235 N. Davis Hwy
CITY-ST-ZIP	Pensacola, Fl. 32504	2.4 CITY-ST-ZIP	Pensacola, Fl. 32504
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connie Burton	3.2 NAME	Hank Holland
STREET ADDRESS	6235 N. Davis Hwy	3.3 STREET ADDRESS	3000 Langley Ave., Suite 401
CITY-ST-ZIP	Pensacola, Fl. 32504	3.4 CITY-ST-ZIP	Pensacola, Fl. 32504
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norman DuBose	4.2 NAME	Wood D. Waits
STREET ADDRESS	6326-A W. Fairfield Drive	4.3 STREET ADDRESS	4301 Spanish Trail
CITY-ST-ZIP	Pensacola, Fl. 32506	4.4 CITY-ST-ZIP	Pensacola, Fl. 32504
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane Woolwine	5.2 NAME	Scott Porter
STREET ADDRESS	999 Ft. Pickens Road	5.3 STREET ADDRESS	6216 North 9th Ave.
CITY-ST-ZIP	Pensacola Beach, Fl. 32561	5.4 CITY-ST-ZIP	Pensacola, Fl. 32504
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Porter	6.2 NAME	Brian Hagensick
STREET ADDRESS	6216 North 9th Ave.	6.3 STREET ADDRESS	1212 Creighton Road
CITY-ST-ZIP	Pensacola, Fl. 32504	6.4 CITY-ST-ZIP	Pensacola, Fl. 32504

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kim Shirk 4-18-96 904-476-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)



# PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT

FILING FEE \$61.25

## SECTION AT (904) 488-9000.

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is \$61.25. This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of an annual report. It can be extremely difficult to obtain verification a money order has been processed. Please verify with your bank that your check has cleared before calling the annual report section for the status of your annual report.

- Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report. Please call the amendment section for information on filing a name change at (904) 487-6050. If a name change has been filed with our office since this form was preprinted on December 1, 1995, you may file through the old name and enter the new name of record.
- Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.
- Block 3. Enter the date of incorporation or qualification with this office if Block 3 is blank.
- Block 3a. Enter the file date of the last filed annual report, if applicable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking in the appropriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call IRS at 1-800-829-1040.
- Block 5. Should you desire a certificate reflecting your corporation's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee.
- Block 6. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 6.
- Block 8. Check the appropriate box. Please direct all intangible tax questions to the Dept. of Revenue by calling (904) 488-6800.
- Block 9. The law requires that each corporation have a Registered Agent with a Florida street address. If the computer entry in Block 9 is incorrect, enter the correct information in Block 10. There is no additional fee to change the Registered Agent on this form.
- Block 10. Enter name of new Registered Agent and/or new address. This must be a Florida Street address. A P.O. Box or mail service is NOT acceptable for service of process. THE CORPORATION CANNOT BE ITS OWN REGISTERED AGENT but an officer or director can.
- Block 11. The new registered agent must indicate familiarity with section 607.0505, Florida Statutes, and acceptance of these obligations and this appointment by completing and signing in Block 11. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different corporation, the person signing must state their position with the corporation. NOTE: Registered agent signature required when reinstating on this form.
- Block 12. Block 12 contains the last information on officers/directors reported to our office. Please do not make any marks in block 12 unless deleting officers, corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.
- Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; W/S; W/T/D. A FLORIDA NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" OR "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR, INDICATING ANOTHER OFFICER TITLE IS NOT SUFFICIENT. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If the only address available is a Post Office box, give the address and indicate "N/A".
- Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12. Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

### MAILING ADDRESS:

Annual Reports Section  
Division of Corporations  
Post Office Box 13900  
Tallahassee, Florida 32317

Courier Service Address:  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Phone Number: (904) 488-9000

### INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.