

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **740322** (3)

1. Corporation Name
COMMUNITY ASSOCIATIONS INSTITUTE (GREATER MIAMI CHAPTER), INC.



Principal Place of Business: **1921 SW 125 AVE. MIRAMAR FL 33027**
Mailing Address: **P.O. BOX 172568 MIAMI FL 33017**

3. Date Incorporated or Qualified: **10/05/1977**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business: **21 750 E. Sample Road**
Suite, Apt. #, etc.: **22 Suite 209**
City & State: **23 Pompano Beach, FL**
Zip: **24 33074**
Country: **25 Broward**

4. FEI Number: **59-1804339**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
REICH, BEATRICE
1921 SW 125 AVE
MIRAMAR FL 33027

10. Name and Address of New Registered Agent
81 Name: **Christine Ryan**
82 Street Address (P.O. Box Number is Not Acceptable): **750 E. Sample Road**
83 Suite: **Suite 209**
84 City: **Pompano Beach** FL 85 Zip Code: **33074**

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.

SIGNATURE: *Christine Ryan* DATE: **5/20/96**
Signature typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|--------------------------|--------------------------|
| TITLE | TO | <input type="checkbox"/> |
| NAME | KANE, MONTE | |
| STREET ADDRESS | 1101 BRICKELL AVE #M-101 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TO | <input type="checkbox"/> |
| NAME | KANE, MONTE MONTE | |
| STREET ADDRESS | 1101 BRICKELL AVE. | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | VD | <input type="checkbox"/> |
| NAME | BIER, JOE | |
| STREET ADDRESS | ONE FISHER ISLAND DRIVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input type="checkbox"/> |
| NAME | PALMER, SKY | |
| STREET ADDRESS | 10908 SUNSET DRIVE #214 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|-----------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | Howard Perl | | |
| 1.3 STREET ADDRESS | 1067 Shotgun Road | | |
| 1.4 CITY-ST-ZIP | Sunrise, FL 33326 | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | 100001841831 | | |
| 2.3 STREET ADDRESS | -05/29/96--01017--040 | | |
| 2.4 CITY-ST-ZIP | ***61.25 | | |
| 3.1 TITLE | VD | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | Linda Amos | | |
| 3.3 STREET ADDRESS | 2745 W. Cypress Creek Road | | |
| 3.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33309 | | |
| 4.1 TITLE | SD | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | Mitchell Reich | | |
| 4.3 STREET ADDRESS | Turnberry Associates | | |
| 4.4 CITY-ST-ZIP | 19495 Biscayne Blvd. - #707 | | |
| 5.1 TITLE | Aventura, FL 33180 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. 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: *Howard Perl* DATE: **4/22/96**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)