

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90016 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 740322 ✓

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

Principal Place of Business 501 Brickell Key Drive #102 Miami, FL 33131	Mailing Address SAME
--	-------------------------

2. Principal Place of Business 21 501 Brickell Key Drive	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/5/77
22 Suite, Apt. #, etc. #102	27 Suite, Apt. #, etc.	4. FEI Number 59-1804339
23 City & State Miami, FL	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33131	25 Country	29 Zip 30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Rosa M. De La Camara, Esquire c/o Becker & Poliakoff, P.A. 5201 Blue Lagoon Drive, Suite 100 Miami, FL 33126		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOS, LINDA	1.2 NAME	
STREET ADDRESS	2745 W Cypress Creek Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	1.4 CITY-ST-ZIP	
TITLE	PRES. ELECT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHR, MICHAEL	2.2 NAME	
STREET ADDRESS	4675 Ponce de Leon Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECTER, CAROL	3.2 NAME	
STREET ADDRESS	P.O. Box 17524	3.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33318-7532	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERLING, JAMES	4.2 NAME	
STREET ADDRESS	7741 SW 55 Avenue, #C	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33143	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA CAMARA, ROSA	5.2 NAME	
STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED ADDITIONAL OFFICERS AND DIRECTORS	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Rosa M. de la Camara 5/17/99 (305) 262-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 0297 (11/01)

573631-90016-26
740322

COMMUNITY ASSOCIATIONS INSTITUTE (GREATER MIAMI CHAPTER), INC.
1999 NONPROFIT CORPORATION ANNUAL REPORT

LINE 12 - Add the following Directors:

D

Mario Gonzalez
14750 Palmetto Frontage Road
Suite 120A
Miami Lakes, Florida 33016

D

Lee Santibanez
888 Brickell Key Drive
Miami, Florida 33131

D

Jerry Jason
11578 S.W. 132nd Avenue
Miami, Florida 33016

D

Elizabeth Ward Baldwin
600 South Andrews Avenue
Fort Lauderdale, FL 33301

D

Monique A. Rivero
7900 Miami Lakes Drive West
Miami Lakes, FL 33016

D

Nick Tarraborrelli
501 Brickell Key Drive, #102
Miami, Florida 33131

D

Bob Ellis
1455 SW 13th Avenue
Miami, FL 33145