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Jun 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
~~Sandra L. Morton~~
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744367 (4)

1. Corporation Name

SUNCOAST CHAPTER OF COMMUNITY ASSOCIATIONS INSTITUTE, INC.

Principal Place of Business

Mailing Address

4509 GEORGE ROAD
TAMPA FL 33634
US

4509 GEORGE ROAD
TAMPA FL 33634-7353
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
09/25/1978

3a. Date of Last Report
07/18/1996

4. FEI Number

59-1860330

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

10. Name and Address of New Registered Agent

FERM, CECILY L.
4509 GEORGE ROAD
TAMPA FL 33634

81 Name JANET RACKLEY

82 Street Address (P.O. Box Number is Not Acceptable)
1886D US HWY 19 NORTH #153

83

84 City CLEARWATER

FL

85 Zip Code 34624

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP
NAME WADSWORTH, ELIZABETH C
STREET ADDRESS 3118 GULF TO BAY BLVD. #130
CITY-ST-ZIP CLEARWATER FL 34619

TITLE DP
NAME OSBURN, BILL P
STREET ADDRESS RAMPART PROPERTIES - 10033 9TH ST N
CITY-ST-ZIP ST PETERSBURG FL

TITLE DT
NAME DAVID HOCHSPRUNG
STREET ADDRESS P.O. BOX 300 (N/A)*
CITY-ST-ZIP ST. PETERSBURG FL 33731

TITLE DVP
NAME JOE SPROWLS
STREET ADDRESS 40347 US 19 #113
CITY-ST-ZIP TARPON SPRINGS FL 34689-4841

TITLE C
NAME SOFARELLI, ANDREA
STREET ADDRESS 3137 CHAMBLEE LANE
CITY-ST-ZIP CLEARWATER FL 34619

TITLE ED
NAME FERM, CECILY
STREET ADDRESS 4509 GEORGE ROAD
CITY-ST-ZIP TAMPA FL 33634

1.1 TITLE DVP
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DVP
4.2 NAME TIM JOHNSON
4.3 STREET ADDRESS 532 S. MISSOURI AVE
4.4 CITY-ST-ZIP CLEARWATER FL 34616

5.1 TITLE DT
5.2 NAME SANDY SNYDER
5.3 STREET ADDRESS 350 E BAY DR
5.4 CITY-ST-ZIP LARGO FL 34640

6.1 TITLE ED
6.2 NAME JANET RACKLEY
6.3 STREET ADDRESS 1886D US HWY 19 NORTH #153
6.4 CITY-ST-ZIP CLEARWATER FL 34624

14. I do 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.

CP2E037 (9/96)