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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740322 (3)

1. Corporation Name

COMMUNITY ASSOCIATIONS INSTITUTE (GREATER MIAMI
CHAPTER), INC.

Principal Place of Business

Mailing Address

1821 SW 125 AVE.
MIAMI FL 33027

P.O. BOX 172568
MIAMI FL 33017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/05/1977

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1804339

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REICH, BEATRICE
1821 SW 125 AVE
MIAMI FL 33027

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 PD
NAME KANE, MONTE
STREET ADDRESS 1867 SHOTGUN RD.
CITY- ST- ZIP SUNRISE FL 33181
*Spivak, Merrill
1880 NE 149 St.
Miami, FL 33181*

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE TD
NAME KANE, MONTE
STREET ADDRESS 1101 BRICKELL AVE.
CITY- ST- ZIP MIAMI FL 33131
M-101

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE VD
NAME HILL, JOAN
STREET ADDRESS 14750 PALMETTO FRONTAGE RD.
CITY- ST- ZIP MIAMI LAKES FL 33018
*Joe Bier
One Fisher Island Drive
Miami, FL 33139*

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE SD
NAME GINO, MARK
STREET ADDRESS 1000 SE 9TH COURT
CITY- ST- ZIP MIAMI FL 33010
*Palmer Sky
10908 Sunset Drive
214
Miami, FL 33177*

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #