

FILE NOW: FILING FEE IS \$61.25

1

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

FILED

97 NOV 24 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740322

1. Corporation Name

**COMMUNITY ASSOCIATIONS INSTITUTE
(GREATER MIAMI CHAPTER), INC.**

Principal Place of Business

**750 E. SAMPLE ROAD
STE 209
POMPANO BCH, FL 33074**

Mailing Address

**P.O BOX 172568
MIAMI, FL 33017**

REINSTATEMENT 97

3. Date Incorporated or Qualified
10/5/77

3a. Date of Last Report
5/28/96

2. Principal Place of Business
21 12350 SW 132 CT

2a. Mailing Address
26 12350 SW 132 CT

4. FEI Number
59-1804339

Applied For
Not Applicable

Suite, Apt. #, etc.

22 207

Suite, Apt. #, etc.

27 207

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

24 33186

Country

25 US

Zip

29 33186

Country

30 US

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

**CHRISTINE RYAN
750 E. SAMPLE ROAD
STE 209
POMPANO BEACH, FL 33074**

81 Name
LOU SALVAT

82 Street Address (P.O. Box Number is Not Acceptable)

12350 SW 132 CT

83

207

84 City

MIAMI

FL

85 Zip Code

33186

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 **LOU SALVAT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X Nov. 21, 1997

12. OFFICERS AND DIRECTORS		
TITLE	TD	☐ DELETE
NAME	KANE, MONTE	
STREET ADDRESS	1101 BRICKELL AVE #M-101	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE	PD	☒ DELETE
NAME	PERL, HOWARD	
STREET ADDRESS	1067 SHOTGUN ROAD	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	VD	☐ DELETE
NAME	AMOS, LINDA	
STREET ADDRESS	2745 W CYPRESS RD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	SD	☒ DELETE
NAME	REICH, MITCHELL	
STREET ADDRESS	TURNBERRY ASSOCIATES	
CITY-ST-ZIP	19495 BISCAYNE BLVD #707	
	Aventura, FL 33180	☐ DELETE
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☒ Deletion
12 NAME	000002360220-4
13 STREET ADDRESS	-12/02/97--01017-008
14 CITY-ST-ZIP	****236.25 ****236.25
21 TITLE	PD ☒ Change ☐ Addition
22 NAME	AMOS, LINDA
23 STREET ADDRESS	2745 W. CYPRESS CREEK ROAD
24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
31 TITLE	VD ☒ Change ☐ Addition
32 NAME	SALVAT, KAREN
33 STREET ADDRESS	12350 SW 132 CT #209
34 CITY-ST-ZIP	MIAMI, FLORIDA 33186-6458
41 TITLE	SD ☒ Change ☐ Addition
42 NAME	REHR, MICHAEL
43 STREET ADDRESS	220 MIRACLE MILE - STE 238
44 CITY-ST-ZIP	CORAL GABLES, FL 33134-6734
51 TITLE	☐ Change ☒ Addition
52 NAME	
53 STREET ADDRESS	Please see Attached list
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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.

SIGNATURE: **LINDA AMOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Amos (President)

Date

Daytime Phone #

11/14/97

2

CAI - GREATER MIAMI CHAPTER

DOCUMENT # 740322

1997 NONPROFIT CORPORATION ANNUAL REPORT

Line 13. Add the following Directors:

D

Harold Blinder
7900 Miami Lakes Drive West
Miami Lakes, Florida 33016

D

Rosa DeLaCamara
5201 Blue Lagoon Drive, Suite 100
Miami, Florida 33126-2065

D

Mark R. Gerstle
19495 Biscayne Blvd., #705
Aventura, Florida 33180-2320

D

Maddie Gutfreind
861 N.E. 209 Terrace #202
N. Miami Beach, Florida 33179-1226

D

Michael L. Hyman
44 W. Flagler Street, 14th Floor
Miami, Florida 333130-1808

D

Merrill Spivak
1840 N.E. 153rd Street
North Miami Beach, Florida 33162

D

Marlo J. Gonzalez
14750 Palmetto Frontage Road, Suite 120A
Miami Lakes, Florida 33016

D

Jerry Jason
11578 S.W. 132nd Avenue
Miami, Florida 33186

D

Lee Santibanez
888 Brickell Key Drive
Miami, Florida 33131