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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 755573 (3)  
1. Corporation Name  
SOUTH GULF COAST CHAPTER OF CAI, INC.



Principal Place of Business: 3540 AVOCADO DRIVE, FORT MYERS FL 33901  
Mailing Address: POST OFFICE BOX 61447, FORT MYERS FL 33906-1447

3. Date Incorporated or Qualified: 12/16/1980  
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. City & State  
23. Zip  
24. Country

4. FEI Number: 59-2124780  
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  
POLLOCK, JACQUELYN  
3540 AVOCADO DRIVE  
FORT MYERS FL 33901

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: JACQUELYN POLLOCK, EXECUTIVE DIRECTOR, Jacquelyn Pollock 2-21-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	POLLOCK, JOHN CIC	
STREET ADDRESS	13515 BELL TOWER DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	MCGUIRE, CATHERINE	
STREET ADDRESS	301 TOWER ROAD	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEATTLE, DEBRA	
STREET ADDRESS	8192 COLLEG PKWY #17	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KRAUS, CHERYL R ESQ	
STREET ADDRESS	1100 FIFTH AVENUE S. #201	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, HAROLD CPA	
STREET ADDRESS	4828 GOLF CLUB COURT #B-6	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEATTIE, DEBRA	
STREET ADDRESS	12671 WHITEHALL DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907-3626	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	160 Turtle Lake Ct.	
2.4 CITY-ST-ZIP	Naples, FL 34105	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CPA	
3.3 STREET ADDRESS	12671 Whitehall Drive	
3.4 CITY-ST-ZIP	Fort Myers FL 33907-3626	
4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Samouce Esq.	
4.3 STREET ADDRESS	2375 Tamiami Trl N Ste 308	
4.4 CITY-ST-ZIP	Naples, FL 34103-4439	
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	Fort Myers, FL 33903-4612	
6.1 TITLE	President-elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James E. Schneider	
6.3 STREET ADDRESS	1965 1 Lakes Blvd.	
6.4 CITY-ST-ZIP	Fort Myers FL 33907-5708	

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: *Harold Williams* 2/13/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)