

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755573** (3)

1. Corporation Name

SOUTH GULF COAST CHAPTER OF CAI, INC.

Principal Place of Business 2709 Swamp Cabbage Court 3840 AVOCADO DRIVE FORT MYERS FL 33901	Mailing Address POST OFFICE BOX 61447 FORT MYERS FL 33906-1447
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2. Principal Place of Business 2709 Swamp Cabbage Ct. Suite, Apt. #, etc. # 08 City & State Fort Myers, FL Zip 33901	2a. Mailing Address Post office box 61447 Suite, Apt. #, etc. City & State Ft Myers, FL Zip 33906-1447
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3. Date Incorporated or Qualified 12/16/1980	4. FEI Number 59-2124780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent POLLOCK, JACQUELYN 3840 AVOCADO DRIVE FORT MYERS FL 33901 Sherryl Cooke 2709 Swamp Cabbage Ct. #8 Ft. Myers, FL 33901
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10. Name and Address of New Registered Agent 81 Name Sherryl Cooke 82 Street Address (P.O. Box Number is Not Acceptable) 2709 Swamp Cabbage Ct. #8 83 1 84 City Fort Myers FL 85 Zip Code 33901
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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 Sherryl Cooke Sherryl Cooke 2/3/98
Signature, typed or printed name, of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D POLLOCK, JOHN CIC
STREET ADDRESS	13515 BELL TOWER DRIVE
CITY-ST-ZIP	FORT MYERS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MOORE, CATHERINE
STREET ADDRESS	100 TURTLE LAKE CT
CITY-ST-ZIP	NAPLES FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T DEATH, DEBRA
STREET ADDRESS	12671 WHITEHALL DR
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP President ROBERT SAMOUCÉ ESQ
STREET ADDRESS	2375 TAMiami Trl N STE 308
CITY-ST-ZIP	NAPLES FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P WILLIAMS, HAROLD CPA
STREET ADDRESS	4838 GOLF CLUB COURT #B-6
CITY-ST-ZIP	FORT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	P JAMES E SCHNEIDER
STREET ADDRESS	1985 7TH LAKES BLVD
CITY-ST-ZIP	FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D John H. Stroemer CPA
1.3 STREET ADDRESS	8961 Conference Ct. Ft. Myers, FL
1.4 CITY-ST-ZIP	Fort Myers, FL 33901
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Richard De Boest, II
2.3 STREET ADDRESS	Richard De Boest II, P.A.
2.4 CITY-ST-ZIP	2222 Second St Fort Myers, FL 33901
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T Lori Sampson
3.3 STREET ADDRESS	12671 Whitehall
3.4 CITY-ST-ZIP	(same address) Ft. Myers FL 33901
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Executive Director Sherryl Cooke
4.3 STREET ADDRESS	2709 Swamp Cabbage Ct. Suite P
4.4 CITY-ST-ZIP	Fort Myers, FL 33901
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Sherryl Cooke Sherryl Cooke 2/3/98

CR2037 (10/97)