2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755573

FILED Jan 08, 2007 Secretary of State

Entity Name: SOUTH GULF COAST CHAPTER OF CAI, INC.

	Tillcipal Flace	of Business:	New Principal Place	: Of Business.	
	JLF BREEZE ST 'ERS, FL 33907	US			
Current N	Mailing Address	::	New Mailing Addres	ss:	
	JLF BREEZE ST 'ERS, FL 33907	US			
FEI Numbei	r: 59-2124780	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
13600 GÜ	ROBERT J JLFBREEZE ST 'ERS, FL 33907	US			
	e named entity รเ te of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
	Electronic	c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Γitle: Name: Address:	V ()[CHINI, WILLIAM 3880 SPRING GA ESTERO, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:	LOTERO, TE 33				
City-St-Zip: Fitle: Name: Address: City-St-Zip:		Delete FA ARM RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	S ()[VANDALL, BONIT 21260 LAZY D F. ESTERO, FL 33	Delete FA ARM RD 9289526 Delete	Name: Address:	() Change () Addition () Change () Addition	
Γitle: Name: Nddress:	S () [VANDALL, BONIT 21260 LAZY D F, ESTERO, FL 33: T () [TURNER, MIKE 2536 SW 11TH A CAPE CORAL, F	Delete FA ARM RD 9289526 Delete AVE L 339144115 Delete RT J EEZE ST	Name: Address: City-St-Zip: Title: Name: Address:		
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address:	S () [VANDALL, BONIT 21260 LAZY D F. ESTERO, FL 33: T () [TURNER, MIKE 2536 SW 11TH A CAPE CORAL, F ED () [PODVIN, ROBER 13600 GULF BRI FORT MYERS, F	Delete FA ARM RD 9289526 Delete AVE L 339144115 Delete RT J EEZE ST FL 33907 US Delete VE T	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. PODVIN MR. 01/08/2007