2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769099

FILED Apr 27, 2007 Secretary of State

Entity Name: COMMUNITY ASSOCIATIONS INSTITUTE, SOUTHEAST FLORIDA CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

11011 SHERIDAN STREET 9000 SHERIDAN STREET

SUITE 208 SUITE 162

COOPER CITY, FL 33026 US PEMBROKE PINES, FL 33024 US

Current Mailing Address: New Mailing Address:

POB 244264 9000 SHERIDAN STREET

BOYNTON FL, FL 33424 US SUITE 162

PEMBROKE PINES, FL 33024 US

FEI Number: 59-2426910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDRY, RAND

RAND, ANDREW E

11011 SHERIDAN STREET

9000 SHERIDAN STREET

SUITE 208 SUITE 162 COOPER CITY, FL 33026 US PEMBROKE PINES, FL 33024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANDREW RAND 04/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DT () Delete Title: DT (X) Change () Addition

 Name:
 RAND, ANDY
 Name:
 RAND, ANDREW

 Address:
 POB 244264
 Address:
 9000 SHERIDAN STREET #162

 City-St-Zip:
 BOYNTON, FL 33424
 City-St-Zip:
 PEMBROKE PINES, FL 33024

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 WESTBROOK, DONALD
 Name:
 MAGILL, LISA

 Address:
 POB 244264
 Address:
 3111 STIRLING ROAD

 City-St-Zip:
 BOYNTON, FL 33424
 City-St-Zip:
 FT LAUDERDALE, FL 33312

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 KRAVIT, MARCI
 Name:
 DE LA TORRE, OPHELIA

 Address:
 POB 244264
 Address:
 POB 244264

City-St-Zip: BOYNTON, FL 33424 City-St-Zip: BOYNTON, FL 33424

Title: DVP () Delete Title: () Change () Addition

 Name:
 BRACKEN, JANE
 Name:

 Address:
 POB 244264
 Address:

 City-St-Zip:
 BOYNTON, FL 33424
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANDREW E RAND DT 04/27/2007