

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769099

FILED
Apr 28, 2008
Secretary of State

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

Current Principal Place of Business:

9000 SHERIDAN STREET
SUITE 162
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

9000 SHERIDAN STREET
SUITE 162
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

9369 SHERIDAN ST
SUITE 614
COOPER CITY, FL 33024 US

New Mailing Address:

9369 SHERIDAN ST
SUITE 614
COOPER CITY, 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:

RAND, ANDREW E
9000 SHERIDAN STREET
SUITE 162
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: RAND, ANDREW
Address: 9000 SHERIDAN STREET #162
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DP () Delete
Name: MAGILL, LISA
Address: 3111 STIRLING ROAD
City-St-Zip: FT LAUDERDALE, FL 33312

Title: DS () Delete
Name: DE LA TORRE, OPHELIA
Address: POB 244264
City-St-Zip: BOYNTON, FL 33424

Title: DVP () Delete
Name: BRACKEN, JANE
Address: POB 244264
City-St-Zip: BOYNTON, FL 33424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: RAND, ANDREW
Address: 9000 SHERIDAN STREET #148
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: NICHOLSON, KEITH
Address: 9369 SHERIDAN ST SUITE 614
City-St-Zip: COOPER CITY, FL 33024

Title: DVP (X) Change () Addition
Name: BRACKEN, JANE
Address: 9369 SHERIDAN ST SUITE 614
City-St-Zip: COOPER CITY, FL 33024

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 RAND

DT

04/28/2008

Electronic Signature of Signing Officer or Director

Date