

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33992

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** WEST FLORIDA CHAPTER OF COMMUNITY ASSOCIATIONS INSTITUTE, INC.

**Current Principal Place of Business:**

2937 BEE RIDGE ROAD  
SUITE 4  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

2937 BEE RIDGE ROAD  
SUITE 4  
SARASOTA, FL 34239 US

**New Mailing Address:**

**FEI Number:** 65-0198778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCLLENATHEN, VICKI L  
2937 BEE RIDGE ROAD  
SUITE 4  
SARASOTA, FL 34239 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: P ( ) Delete  
Name: ANGERS, MICHAEL  
Address: 1819 MAIN STREET #315  
City-St-Zip: SARASOTA, FL 34236

Title: V ( ) Delete  
Name: WELLS, KEVIN  
Address: 22 S. LINKS AVENUE, STE. 301  
City-St-Zip: SARASOTA, FL 34236

Title: S ( ) Delete  
Name: JOHNS, JOELLE  
Address: 2477 STICKNEY POINT ROAD, STE 118A  
City-St-Zip: SARASOTA, FL 34231

Title: TD ( ) Delete  
Name: PALMER, BRIAN  
Address: 2937 BEE RIDGE ROAD SUITE 2  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: MCKAY, TELESE  
Address: 2055 WOOD STREET, STE 130  
City-St-Zip: SARASOTA, FL 34287

Title: D ( ) Delete  
Name: SUTTON, WILLIAM  
Address: 1801 GLENGARY STREET  
City-St-Zip: SARASOTA, FL 34231

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

Title: P (X) Change ( ) Addition  
Name: MCKAY, TELESE  
Address: 2055 WOOD STREET, STE 130  
City-St-Zip: SARASOTA, FL 34287

Title: V (X) Change ( ) Addition  
Name: DEMCHAK, STEPHEN  
Address: 1800 RESTFUL DRIVE  
City-St-Zip: BRADENTON, FL 34207

Title: S (X) Change ( ) Addition  
Name: MELENDY, DONNIE  
Address: 40 SARASOTA CENTER BLVD  
City-St-Zip: SARASOTA, FL 34240

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

Title: D (X) Change ( ) Addition  
Name: ANGERS, MICHAEL  
Address: 1819 MAIN STREET SUITE 315  
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: VICKI L. MCCLLENATHEN

RA

03/30/2009

Electronic Signature of Signing Officer or Director

Date