

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL -7 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # N93000000062 (0)

1. Corporation Name

**COMMUNITY ASSOCIATIONS INSTITUTE, MID-FLORIDA CH
APTER, INC.**

Principal Place of Business

Mailing Address

**C/O JAMES CURRY ESO
1900 SUMMIT TOWER BLVD #800
ORLANDO FL 32810
US**

**C/O JAMES CURRY ESO
1900 SUMMIT TOWER BLVD
ORLANDO FL 32810
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1992

3a. Date of Last Report

04/21/1994

4. FEI Number

59-2372113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

25

P.O. BOX 366

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

WINTER PARK, FL

Zip

24

Country

25

Zip

29

32790-0366

Country

30

9. Name and Address of Current Registered Agent

**CURRY, JAMES P ESO
1900 SUMMIT TOWER BLVD #800
C/O CURRY, TAYLOR & CARLS, PA
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	MCKEE, TOM	3170 CRESTITEO CIR	ORLANDO FL
DPE	STRODE, CHUCK	2225 N HIAWASSEE RD	ORLANDO FL
DS	ROHRS, GERRI	6165 CARRIER DR	ORLANDO FL
T	DIAMOND, KATHY C	2100 LEE RD STE A	WINTER SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
P	STRODE, CHUCK	2225 N. HIAWASSEE RD.	ORLANDO, FL
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
DPE	SHEPHERD, CLIFF	20N. ORANGE AVE., #1107	ORLANDO, FL
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
DS	MCCLOGAN, TIM	1174 FLORIDA CENTRAL PARKWAY	LONGWOOD, FL
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
DT	DIAMOND, KATHY	2100 LEE ROAD, STE. A	WINTER PARK, FL
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Kathryn A. Diamond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/95 (407)645-4775
DATE AND TELEPHONE NUMBER