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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
USP. O. BOX 366
1900 SUMMIT TOWER BLVD
WINTER PARK FL 32790-0366
US3. Date Incorporated or Qualified
12/31/19923a. Date of Last Report
05/01/19964. FEI Number
59-2372113Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME SHEPHERD, CLIFF
STREET ADDRESS 20 N ORANGE AVENUE, #1107
CITY-ST-ZIP ORLANDO FLTITLE DS ☒ DELETE
NAME MCCLOGAN, TIM
STREET ADDRESS 1174 FLORIDA CENTRAL PARKWAY
CITY-ST-ZIP ORLANDO FLTITLE DT ☒ DELETE
NAME DIAMOND, KATHY
STREET ADDRESS 2100 LEE ROAD, STE. A
CITY-ST-ZIP WINTER PARK FLTITLE DPE ☒ DELETE
NAME SPARE, BILL
STREET ADDRESS PO BOX 182150 NA
CITY-ST-ZIP CASSELBERRY FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME WILLIAM SPARE
1.3 STREET ADDRESS 5250 SOUTH US HIGHWAY 17-92
1.4 CITY-ST-ZIP CASSELBERRY FL 32707-38452.1 TITLE DS ☒ Change ☐ Addition
2.2 NAME HELENA MALCHOW
2.3 STREET ADDRESS 1305 E. ROBINSON ST. SUITE C
2.4 CITY-ST-ZIP ORLANDO 328013.1 TITLE DT ☒ Change ☐ Addition
3.2 NAME MARY C. DANTUMA
3.3 STREET ADDRESS 2100 LEE RD SUITE A
3.4 CITY-ST-ZIP WINTER PARK FL 327894.1 TITLE DV ☒ Change ☐ Addition
4.2 NAME ED JONES
4.3 STREET ADDRESS 1196 EAST ALTAMONTE BLVD
4.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 327015.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015281

CR2E037 (9/96)