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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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**

**P. O. BOX 366
1900 SUMMIT TOWER BLVD
WINTER PARK FL 32790-0366
US**

3. Date Incorporated or Qualified

12/31/1992

4. FEI Number

59-2372113

Applied For

Not Applicable

2. Principal Place of Business

21 2860 FALLING TREE CIR

Suite, Apt. #, etc.

22 ORLANDO, FL

23 32837

25 U S A

2a. Mailing Address

26 P O BOX 770184

Suite, Apt. #, etc.

27 ORLANDO

28 32877-0184

30 USA

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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	MARY DANTUMA, CPA
82 Street Address (P.O. Box Number is Not Acceptable)	GLICKSTEIN, LAVAL, et al
83	2100 LEE RD, SUITE A
84 City	WINTER PARK
85 State	FL
86 Zip Code	32789

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

Mary Dantuma

MARY DANTUMA

2/6/98

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SPARE, WILLIAM	
STREET ADDRESS	6250 SO US HIGHWAY 17-92	
CITY-ST-ZIP	CASSELBERRY FL 45	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MALCHOW, HELEN A	
STREET ADDRESS	1305 E ROBINSON ST. STE C	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DANTUMA, MARY C	
STREET ADDRESS	2100 LEE ROAD STE A	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, ED	
STREET ADDRESS	1195 EAST ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARLENE -FRANCIS RING	
1.3 STREET ADDRESS	1065 Maitland Cntr Commons Blvd	
1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DICK SPEARS	
5.3 STREET ADDRESS	9132 RIDGE PINE TRL	
5.4 CITY-ST-ZIP	ORLANDO, FL 32819	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

Arlene Francis Ring

ARLENE-FRANCIS RING

2/6/98

CR2E037 (10/97)