

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90047 002 ****61.25

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1. Corporation Name

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

Principal Place of Business

2860 FALLING TREE CIR
1900 SUMMIT TOWER BLVD
ORLANDO FL 32837
US

Mailing Address

P.O. BOX 770184
1900 SUMMIT TOWER BLVD
ORLANDO FL 32877
US



2. Principal Place of Business

21 2860 Falling Tree Cir

Suite, Apt. #, etc.

City & State

23 Orlando FL

Zip

24 32837

Country

25 ORANGE

2a. Mailing Address

26 PO Box 770184

Suite, Apt. #, etc.

City & State

28 Orlando FL

Zip

29 32877

Country

30 ORANGE

3. Date Incorporated or Qualified

12/31/1992

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

9. Name and Address of Current Registered Agent

DANTUMA, MARY
GLEICKSTEIN, LAVAL, ET AL
2100 LEE RD, SUITE A
WINTER PARK FL 32789

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 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

TITLE DP
NAME RING, ARLENE FRANCIS
STREET ADDRESS 1065 MAITLAND CNTR COMMONS BLVD
CITY-ST-ZIP MAITLAND FL 32751

DELETE

TITLE SD
NAME MALCHOW, HELEN A
STREET ADDRESS 1305 E ROBINSON ST. STE C
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE TD
NAME DANTUMA, MARY C
STREET ADDRESS 2100 LEE ROAD STE A
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE D
NAME JONES, ED
STREET ADDRESS 1195 EAST ALTAMONTE DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

DELETE

TITLE DVP
NAME SPEARS, DICK
STREET ADDRESS 9132 RIDGE PINE TRL
CITY-ST-ZIP ORLANDO FL 32819

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

D/P
RICHARD LARSEN
34 E PINE ST
ORLANDO FL 32801

Change Addition

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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99 407-841-6555

CR2E037 (11/98)