2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 24, 2001 8:00 am
Secretary of State
05-03-2001 90911 007 ****61.25

DOCUMENT # N93000000062

1.s Entity Name

COMMUNITY ASSOCIATIONS INSTITUTE OF FLORIDA, INC

Principal Place of Business	Mailing Address
2721 FALLING TREE CIR ORLANDO FL 32837 US	P.O. BOX 770184 ORLANDO FL 32877 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4702 Gardenbrook Ln	P.O. Box 770566
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: ORLANDO, FL
Zip: 32821 Country: Orange	Zip: 32877-0566 Country: Orange

4. FEI Number 59-2372113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: HELENA MALCHOW
Street Address (P.O. Box Number is Not Acceptable): 1305 E. ROBINSON ST.
SUITE C
City: ORLANDO FL Zip Code: 32801

8. 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: Helena Malchow 4/4/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD QUIRK, ED 10 E MONUMENT AVE KISSIMMEE FL 34741	☐ Delete	D MICKEY HOUSE 1350 ORANGE AVE, SUITE 100 WINTER PARK, FL 32789	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MALCHOW, HELENA 1305 E ROBINSON ST. STE C ORLANDO FL	☐ Delete	V. PD LOU BIRON 18500 N.E. HWY 441 MT DORA, FL 32757	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADEN, COLLEEN 1900 SUMMIT TOWER BLVD ORLANDO FL 32810	☒ Delete	D LOUIS MORGAN 1320 N. SEMORAN BLVD, SUITE 214 ORLANDO, FL 32807	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, ED 1195 EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS FL	☒ Delete	D HAROLD BLINDER 7900 MIAMI LAKES DR W MIAMI LAKES, FL 33016	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COLE, RON 2185 N PARK AVE., STE 7 ORLANDO FL 32808	☐ Delete	D ALICE FREIDMAN 1900 SUMMIT TOWER BVD STE 830 ORLANDO, FL 32810-5910	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LARSEN, RICHARD 34 E. PINE STREET ORLANDO FL 32801	☒ Delete	D MICHELLE DUGAN 118 Delcon Rd Cocoa Beach, FL 32931	☐ Change ☑ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 407-908-1548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #